**EXHIBIT F - Scoring Tool**

| | **3.1 System Improvement Initiatives and Tribal Authority Relationships** | Weight |
|---|---|---|
| 3.1.2 | Tribal Relationship Questions | 3% |
| 3.1.4 | Consumer Participation Questions | 4% |
| 3.1.6 | Promoting Recovery and Resilience Questions | 5% |
| 3.1.8 | Evidence-, Research-Based, Consensus Based …Questions | 4% |
| 3.1.10 | Allied System Coordination Questions | 3% |
| | **3.2 Administrative and Financial Requirements** | |
| 3.2.2 | Timeliness of Provider Payment Questions | 1% |
| 3.2.4 | Provider Claim Disputes Questions | 1% |
| 3.2.6 | Payments from Medicaid Enrollees Questions | 1% |
| 3.2.8 | Report Submission Questions | 1% |
| 3.2.10 | Fraud and Abuse Questions | 4% |
| 3.2.12 | Sentinel Events Questions | 1% |
| 3.2.14 | Financial Questions | 10% |
| 3.2.16 | Accounting and Internal Control Questions | 4% |
| 3.2.18 | Third Party Resources Questions | 2% |
| | **3.3 Information System Requirements** | |
| 3.3.2 | Management Attestation | 1% |
| 3.3.4 | Data Questions | 2% |
| 3.3.6 | Enrollment and Demographic Data | 1% |
| 3.3.8 | Reporting Questions | 2% |
| | **3.4 Program Requirements** | |
| 3.4.2 | Disaster | 1% |
| 3.4.4 | General Information | 1% |
| 3.4.6 | Special Information | 1% |
| 3.4.8 | Title XIX Services Questions | 10% |
| 3.4.10 | State-funded Services Questions | 5% |
| 3.4.12 | Customer Service Questions | 2% |
| | **3.5 Quality Requirements** | |
| 3.5.2 | Eligibility Questions | 1% |
| 3.5.4 | Clinical Guidelines Questions | 1% |
| 3.5.6 | Provider Network Questions | 4% |
| 3.5.8 | Care Management Questions | 4% |
| 3.5.10 | Access Questions | 4% |
| 3.5.12 | Authorization  Utilization Management Questions | 4% |
| 3.5.14 | Grievance System Questions | 4% |
| 3.5.16 | Care Coordination Questions | 4% |
| 3.5.18 | Quality Assurance/PIP Questions | 4% |
| | | **100%** |

**EXHIBIT F - Scoring Tool**

Regional Support Network RFP
System Improvement Initiatives Section
Scoring Tool

Instructions to Evaluators:

- Each question in this section should receive a score of 1 – 10 points in accordance with the definitions below
- Scores should be whole numbers and not use any decimals

| Score | Description | Discussion |
|---|---|---|
| 0 | No value | The Bidder has omitted any discussion of this requirement or the information provided is of no value. |
| 1-3 | Substantially Below Minimum Requirements | The Bidder has not established the capability to perform the requirement, has marginally described its approach, or has simply restated the requirement. |
| 4-5 | Below Minimum Requirements | The Bidder has established some capability to perform the requirement but descriptions regarding their approach are not sufficient to demonstrate the bidder will be fully able to meet the minimum requirements. |
| 6-7 | Meets Minimum Requirements | The Bidder has an acceptable capability of solution to meet this criterion and has described its approach in sufficient detail to be considered “as substantially meeting minimum requirements”. |
| 8-9 | Exceeds Minimum Requirements | The Bidder has demonstrated an above-average capability, approach, or solution and has provided a complete description of the capability, approach, or solution. |
| 10 | Far Exceeds Minimum Requirements | The Bidder has provided an innovative, detailed, efficient approach or established, by presentation of material, far superior capability in this area. |

Evaluator: _____

## 3.1.1. **Tribal Relationship Requirements**

3.1.1.1. A RSN must inform Tribal Authorities within the Service Area of their right to be represented as a party to the Regional Support Network and of opportunities to collaborate with the RSN to provide culturally competent services to Tribal members. All RSN's will be required to comply with RCW 71.24.300.

3.1.1.2. A RSN shall develop a separate RSN/Tribal Plan in collaboration with each Tribal Authority within the RSN's Service Area that includes the following:

3.1.1.2.1. Coordination and collaboration with the Tribe regarding Title XIX and State-funded mental health services for Tribal members.
3.1.1.2.2. Coordination and collaboration with RSNs and Tribes when tribal boundaries cross RSN boundaries.
3.1.1.2.3. Identification of a contact person(s) and/or process within the RSN to assist in integration of agreements with the Tribes.
3.1.1.2.4. The reduction of duplicative screening and evaluation processes and ongoing coordination of care between the Tribes and RSN for Tribal members receiving their primary outpatient mental health care from a Tribal provider, and who may need or be receiving Title XIX or State-funded mental health services through an RSN authorized provider.

3.1.1.3. The RSN must develop working protocols and procedures with Tribal facilities and/or Tribal providers, upon request by a Tribe, to address the following:

3.1.1.3.1. Provision of Title XIX services to Tribal members who are Title XIX enrollees and who choose to receive mental health services through an RSN provider.
3.1.1.3.2. Provision of non-Medicaid services, including crisis services and involuntary treatment services as defined in RCW 71.05 and RCW 71.34 to Tribal members.
3.1.1.3.3. Provision of Mental Health Specialist consultations as required in WAC 388-864-0425.

| 3.1.2. **Tribal Relationship Questions** | |
|---|---|
| **Score** | 3.1.2.1. If there is not currently a Tribal Authority, as defined in this RFP, within the boundaries of the Service Area, bidder provided documentation of this. |
| | |
| **Score** | 3.1.2.2. If there is currently a Tribal Authority, as defined in this RFP, within the boundaries of the Service Area, bidder described how Tribal Authority within each Service Area will be informed of rights to be represented as a party to the RSN and of opportunities to collaborate to provide culturally competent services to Tribal members. |
| | |
| **Score** | 3.1.2.3. Bidder provided collaboration plans that are currently in place or a work plan that will result in a collaboration plan with Tribal Authorities in the Service Area by September 1, 2006. Bidder provided adequate documentation if the Tribal authority declined to participate in development of a work plan. |
| | |

| | |
|---|---|
| **Score** | 3.1.2.4. Bidder described current and future procedures for coordinating care with Tribal Facilities and/or providers. |
| | |
| **Score** | 3.1.2.5. Bidder described how outcomes for the requirements will be measured and reported. |
| | |

### 3.1.3. Consumer Participation Requirements

The contracted RSN must do the following:

3.1.3.1. Provide information to consumers, families, and service providers on mental health and models of client-driven services.

3.1.3.2. Encourage and facilitate the development of consumer-operated services.

3.1.3.3. Involve consumers and family members as participants in governance, administration, and the evaluation of service delivery, and evaluation.

3.1.3.4. Develop and implement policies and procedures that enhance participation of consumers and family members in the development of individual service plans and monitor provider subcontractors for compliance with this requirement.

3.1.3.5. Include consumers and their family members in the planning for service coordination among State and local agencies, including those that provide services to children and elders, criminal justice agencies, K -12 schools, and among State psychiatric hospitals, county authorities, community mental health services, and other support services.

3.1.3.6. Include consumers and families as members of the Mental Health Advisory Board as required by WAC 388-865-0222.

| 3.1.4. Consumer Participation Questions | |
|---|---|
| **Score** | 3.1.4.1. Bidder described past experiences and/or approach and provided a detailed plan that addressed provision of information to consumers, families, and service providers on developing models of client driven services. |
| | |
| **Score** | 3.1.4.2. Bidder described past experiences and/or approach and provided a detailed plan that addressed plans to implement consumer-operated services or consumer operated businesses. |
| | |
| **Score** | 3.1.4.3. Bidder described past experiences and/or approach and provided a detailed plan that addressed involvement of consumers and family members as participants in governance, administration, and evaluation of service delivery. |
| | |
| **Score** | 3.1.4.4. Bidder described past experiences and/or approach and provided a detailed plan that addressed development and implementation of policies and procedures that will enhance participation of consumers and family members in individual service planning, and also a plan for monitoring compliance with this requirement. |
| | |

| | |
|---|---|
| **Score** | 3.1.4.5. Bidder described past experiences and/or approach and provided a detailed plan that addressed inclusion of consumers and their families in the planning for coordination of services among State and local agencies, including those that provide services to children and elders, criminal justice agencies, K – 12 schools, and among State psychiatric hospitals, county authorities, community mental health services, and other support services. |
| | |
| **Score** | 3.1.4.6. Bidder described past experiences and/or approach and provided a detailed plan that addressed inclusion of consumers and families on decision making committees that provide oversight and problem resolution the service delivery system. |
| | |
| **Score** | 3.1.4.7. Bidder described past experiences and/or approach and provided a detailed plan that addressed inclusion of consumers and families as members of the Mental Health Advisory Board as required by WAC 388-865-0222. |
| | |

**EXHIBIT F - Scoring Tool**

## 3.1.5. Promoting Recovery and Resilience Requirements

The contracted RSN must do the following:

3.1.5.1. Provide services that promote recovery and resiliency.

3.1.5.2. Provide ongoing training and information to staff and subcontracted providers on strategies and services that promote wellness, recovery, and resilience. The training and information shall emphasize the following principles:

3.1.5.2.1. Mental health will be understood as an essential element of overall health.

3.1.5.2.2. Mental illness shall be understood as a condition from which people can and do recover.

3.1.5.2.3. Recovery from mental illness involves regaining a sense of purpose and control over one's life that overcomes, to the extent possible, limitations imposed by the illness.

3.1.5.2.4. Resilience and Recovery-oriented approaches that provide opportunities for consumers to manage their mental illness; rebound from adversity, trauma, tragedy, threats, or other stresses; maintain their independence; and live productive lives.

3.1.5.3. Integrate wellness/recovery models into culturally competent individualized service plans. The individualized service plan shall include information on quality of life outcomes, as desired by the consumer. Quality of life outcomes must at a minimum address education, employment and self-directed care.

| 3.1.6. Promoting Recovery and Resilience Questions | |
|---|---|
| **Score** | 3.1.6.1. Bidder described any plans currently in place, or past experiences and approach that addressed how providers will be assisted with understanding and implementing tools and supports that promote recovery and resilience. |
| **Comments** | |
| **Score** | 3.1.6.2. Bidder described any plans currently in place, or past experiences and approach that addressed how information and training to staff and providers on recovery and resilience will be provided. |
| **Comments** | |
| **Score** | 3.1.6.3. Bidder described any plans currently in place, or past experiences and approach that addressed how consumers and families will be involved in the development of wellness and recovery based services. |
| **Comments** | |

| | |
|---|---|
| **Score** | 3.1.6.4. Bidder described any plans currently in place, or past experiences and approach that addressed how consumer cultural needs and individual diversity will be identified and addressed. |
| **Comments** | |
| **Score** | 3.1.6.5. Bidder described any plans currently in place, or past experiences and approach that addressed how individual service plans will be developed to reflect recovery and resiliency principles including cultural competence. |
| **Comments** | |
| **Score** | 3.1.6.6. Bidder described any plans currently in place, or past experiences and approach that addressed how quality of life outcomes for consumers will be tracked. |
| **Comments** | |

3.1.7. **Evidence-Based, Research-Based, Consensus-Based, and Promising or Emerging Best Practices Requirements**

The Mental Health Division is committed to operating a community mental health system that is based on Evidenced Based-Practices by January 2009.

| | **Evidence-Based Practices** | **Promising Practices** |
|---|---|---|
| **Adults** | • Assertive Community Treatment<br>• Family Psychological Education<br>• Supported Employment<br>• Dialectic Behavior Therapy | • Illness Self Management |
| **Children** | • Multi-Systemic Therapy<br>• Functional Family Therapy<br>• Multi-Dimensional Treatment Foster Care<br>• Trauma Focused Cognitive Behavioral Therapy | • Wrap Around<br>• Dialectic Behavior Therapy |
| **Co-Occurring Disorders** | • Co-Occurring Mental Health/Chemical Dependency Treatment | |
| **Older Adults** | | • Gatekeeper for Older Adults<br>• Medication Algorithms |

3.1.7.1. The RSN must have written policies and procedures and an implementation plan with timelines addressing how any evidence-based, research-based, consensus-based, and promising or emerging best practices are selected and adopted. There is no specific number of practices that must be adopted. The RSN is required to increase access to evidence-based, research-based, consensus-based, and promising or emerging best practices. The RSN may select from the practices identified by the DSHS or from others that best meet the needs of the population served. The policies and procedures must include:

3.1.7.1.1. Detailed methodology for adoption of any practices.

3.1.7.1.2. A detailed review of the DSHS Evidence-Based Practices and Promising Practices to determine if any are appropriate for adoption in the Service Area.

3.1.7.1.3. A detailed review of the cultural competence and appropriateness of any research-based, consensus-based, and promising practices for ethnic, racial, and cultural minorities living within the RSN's geographic boundaries. This must include a process for deciding which practices will be considered for adoption to address ethnic, cultural, and linguistic needs of the population to be served.

3.1.7.1.4. Incorporation of consumer, family member, and advocate input into the prioritization and implementation of practices.

3.1.7.1.5. Provider involvement in the decision making process for choosing and implementing practices.

3.1.7.1.6. Tools and methods to promote and monitor that ensure provider compliance with the chosen practices, including monitoring for fidelity to the practice models.

| 3.1.8. **Evidence-Based, Research Based, Consensus Based Practices Questions** | |
|---|---|
| **Score** | 3.1.8.1. The Bidders provided a description of experience with adoption and implementation of any evidence-based, research-based, consensus-based, and promising or emerging best practices. A list of any practices that have been adopted or are under consideration for adoption by the Bidder is provided. A timeline for adoption and implementation of any practices that are under consideration is provided. |
| | |
| **Score** | 3.1.8.2. The Bidder provided a written description that addresses how evidence-based, research-based, consensus-based, and promising or emerging best practices will be utilized in accordance with the requirements above. |
| | |
| **Score** | 3.1.8.3. The Bidder provided a detailed plan that describes how consumers will be educated about and provided access to evidence-based, research-based, consensus-based, and promising or emerging best practices. |
| | |

## 3.1.9. **Allied System Coordination Requirements**

3.1.9.1. The RSN shall develop a written allied system coordination plan for each of the following in each Service Area that is being proposed:

3.1.9.1.1. Department of Social and Health Services
- Aging and Disability Services Administration (ADSA)
- Division of Developmental Disabilities
- Home and Community Services Division
- Juvenile Rehabilitation Administration (JRA)
- Children's Administration (CA)

3.1.9.1.2. Local Chemical Dependency and Substance Abuse service providers

3.1.9.1.3. Community Health Clinics, Federally Qualified Health Centers (FQHCs), and Healthy Options Plans (Medicaid Managed Care Health Plan and the State Children's Health Insurance Program).

3.1.9.1.4. Local Criminal Justice (courts, jails, law enforcement, public defender, Department of Corrections)

3.1.9.1.5. K-12 Education System as needed

3.1.9.2. Each allied system coordination plan must contain the following:

3.1.9.2.1. Clarification of roles and responsibilities of allied systems in serving persons mutually served.

3.1.9.2.2. Processes for sharing of information related to eligibility, access, and authorization.

3.1.9.2.3. Identification of needed local resources, including initiatives to address those needs.

3.1.9.2.4. Process for facilitation of community reintegration from out-of-home placements (e.g., State hospitals, Children's Long-term Inpatient Program, Juvenile Rehabilitation Administration facilities, foster care, skilled nursing facilities, acute inpatient settings) for consumers of all ages.

3.1.9.2.5. A process to address disputes related to service or payment responsibility.

3.1.9.2.6. A process to evaluate cross-system coordination and integration of services.

3.1.9.3. The coordination plans shall be developed by September 1, 2006.

3.1.9.4. For the Division of Developmental Disabilities (DDD), the plan must also specifically address:

3.1.9.4.1. Admission and discharge of persons to the State's Psychiatric Hospitals, including oversight of discharge planning for individuals served by the State psychiatric hospitals who are also enrolled with DDD.

3.1.9.4.2. Crisis management and the use of joint resources to address crises (e.g., assessing if the crisis is related to loss of housing, psychiatric issues, behavior management and identification of services and supports to mitigate the crisis).

3.1.9.5. For Chemical Dependency and Substance Abuse services the plan must also specifically address:

3.1.9.5.1. Protocols for assessing the presence of co-occurring disorders.

3.1.9.5.2. Provision of integrated treatment for persons with co-occurring disorders.

3.1.9.5.3. Use of evidence-based, research-based, and consensus-based practices for persons with co-occurring disorders.

3.1.9.6. For Children's Administration the plan must also specifically address:

3.1.9.6.1. Availability of an intake to all Medicaid enrolled children, including children in foster care.

3.1.9.6.2. Availability of culturally-competent, evidence-based, consensus-based, and promising practices for children, especially for children with multiple agency involvement (e.g., dependency court, protective services, foster care, mental health, juvenile rehabilitation).

3.1.9.7. The plan for community health clinics, federally qualified health centers (FQHCs), and Healthy Options plans must also specifically address:

3.1.9.7.1. Protocols for accessing health and mental health services for persons mutually served.

3.1.9.7.2. Coordination of care with primary care physicians or other health professionals.

3.1.9.8. The plan for criminal justice organizations must also specifically address:

3.1.9.8.1. For Department of Corrections address coordination with any Dangerous Mentally Ill Offender program in the RSN Service Area for which the RSN is not the DMIO contractor with MHD. A description of the DMIO program can be found on the RSN Procurement web site.

| 3.1.10 Allied System Coordination Questions | |
|---|---|
| **Score** | 3.1.10.1 The Bidder provided a detailed plan including timeline which addressed coordination with Aging and Disabilities Administration, **Division of Developmental Disabilities (DDD)** that met the requirements in section 3.1.9. 2 and specifically addressed:<br>• Admission and discharge of persons to the State's Psychiatric Hospitals, including oversight of discharge planning for individuals served by the State psychiatric hospitals who are also enrolled with DDD.<br>• Crisis management and the use of joint resources to address crises (e.g., assessing if the crisis is related to loss of housing, psychiatric issues, behavior management and identification of services and supports to mitigate the crisis). |
| | |
| **Score** | 3.1.10.1 The Bidder provided a detailed plan including timeline which addressed coordination with Aging and Disabilities Administration, **Home and Community Services Division** (HCS) that met the requirements in section 3.1.9.2. |
| | |
| **Score** | 3.1.10.1 The Bidder provided a detailed plan including timeline which addressed coordination with **Juvenile Rehabilitation Administration** (JRA) that met the requirements in section 3.1.9 2. |
| | |

| | |
|---|---|
| **Score** | 3.1.10.1 The Bidder provided a detailed plan including timeline which addressed coordination with **Children's Administration** (CA) that met the requirements in section 3.1.9 2. and specifically addressed:<br>• Availability of an intake to all Medicaid enrolled children, including children in foster care.<br>• Availability of culturally-competent, evidence-based, consensus-based, and promising practices for children, especially for children with multiple agency involvement (e.g., dependency court, protective services, foster care, mental health, juvenile rehabilitation). |
| | |
| **Score** | 3.1.10.1 The Bidder provided a detailed plan including timeline which addressed coordination with local **Chemical Dependency and Substance Abuse** service providers that met the requirements in section 3.1.9 2 and specifically addressed:<br>• Protocols for assessing the presence of co-occurring disorders.<br>• Provision of integrated treatment for persons with co-occurring disorders.<br>• Use of evidence-based, research-based, and consensus-based practices for persons with co-occurring disorders. |
| | |
| **Score** | 3.1.10.1 The Bidder provided a detailed plan including timeline which addressed coordination with **Community Health Clinics, Federally Qualified Health Centers (FQHCs), and Healthy Options Plans** (Medicaid Managed Care Health Plan and the State Children's Health Insurance Program) that met the requirements in section 3.1.9 2 and specifically addressed:<br>• Protocols for accessing health and mental health services for persons mutually served.<br>• Coordination of care with primary care physicians or other health professionals. |
| | |

| | |
|---|---|
| **Score** | 3.1.10.1 The Bidder provided a detailed plan including timeline which addressed coordination **with Local Criminal Justice** (courts, jails, law enforcement, public defender, Department of Corrections) that met the requirements in section 3.1.9 2 and specifically addressed coordination with any **Dangerous Mentally Ill Offender** program in the RSN Service Area for which the RSN is not the DMIO contractor with MHD. A description of the DMIO program can be found on the RSN Procurement web site. |
| | |
| **Score** | 3.1.10.1 The Bidder provided a detailed plan including timeline which addressed coordination with K-12 Education System as needed that met the requirements in section 3.1.9 2. |
| | |

**EXHIBIT F - Scoring Tool**

Regional Support Network RFP
Administrative and Financial Requirements Section
Scoring Tool

Instructions to Evaluators:

- Each question in this section should receive a score of 1 – 10 points in accordance with the definitions below
- Scores should be whole numbers and not use any decimals

| Score | Description | Discussion |
|---|---|---|
| 0 | No value | The Bidder has omitted any discussion of this requirement or the information provided is of no value. |
| 1-3 | Substantially Below Minimum Requirements | The Bidder has not established the capability to perform the requirement, has marginally described its approach, or has simply restated the requirement. |
| 4-5 | Below Minimum Requirements | The Bidder has established some capability to perform the requirement but descriptions regarding their approach are not sufficient to demonstrate the bidder will be fully able to meet the minimum requirements. |
| 6-7 | Meets Minimum Requirements | The Bidder has an acceptable capability of solution to meet this criterion and has described its approach in sufficient detail to be considered “as substantially meeting minimum requirements”. |
| 8-9 | Exceeds Minimum Requirements | The Bidder has demonstrated an above-average capability, approach, or solution and has provided a complete description of the capability, approach, or solution. |
| 10 | Far Exceeds Minimum Requirements | The Bidder has provided an innovative, detailed, efficient approach or established, by presentation of material, far superior capability in this area. |

Evaluator:_____

**EXHIBIT F - Scoring Tool**

## 3.2.1. Timeliness of Provider Payment Requirements

Payments to providers by the RSN shall be made on a timely basis, consistent with claims payment procedures described in 1902(a)(37)(A) of the Social Security Act and 42 CFR 447.45. The RSN shall ensure that 90 percent of all clean claims for covered services, for which no further written information or substantiation is required in order to make payment, are paid within 30 days of the date of approval; and that 99 percent of such claims are paid within 90 days of the date of receipt.

| 3.2.2. Timeliness of Provider Payment Questions | |
|---|---|
| **Score** | 3.2.2.1. For claims that result in actual cash payments to providers, bidder described how claims will be paid in a timely manner and the methods that will be implemented to monitor claim timeliness and payment accuracy. |
| | |
| **Score** | 3.2.2.2. Bidder described how outcomes for these requirements will be measured and reported. |
| | |

**EXHIBIT F - Scoring Tool**

## 3.2.3. Provider Claim Disputes Requirements

The RSN shall develop and implement a provider claim disputes process in accordance with all applicable federal and State laws. When the RSN denies a claim, the RSN shall notify the provider in writing of the claim denial and inform the provider of the right to appeal and the specific procedure to file an appeal.

| 3.2.4. Provider Claim Disputes Question | |
|---|---|
| **Score** | 3.2.4 Bidder described the provider claim dispute process that will be in place and described plans to provide prompt resolution to claims disputes and a process for verifying all disputes have been resolved. |
| | |

**EXHIBIT F - Scoring Tool**

## 3.2.5. Payments from Medicaid Enrollees Requirements

The RSN must ensure that Medicaid enrollees are not charged for Medicaid covered services including out-of-network services, and are not held liable for any of the following:

3.2.5.1. Services provided by an insolvent community psychiatric hospitals with which the RSN has directly contracted.
3.2.5.2. Covered Mental Health services, including those purchased on behalf of the enrollee.
3.2.5.3. Covered Mental Health services provided to the enrollee for which the State does not pay the RSN or the RSN does not pay the MHCP or CMHA that furnishes the services under a contract, referral, or other arrangement, to the extent that those payments are in excess of the amount the enrollee would owe if the RSN provided the services directly.

| 3.2.6. Payments From Medicaid Enrollees Question | |
|---|---|
| **Score** | 3.2.6.1. Bidder described monitoring, review process or other procedures that will be used to safeguard against charges being billed to Medicaid enrollees as described in the requirements above. Bidder included processes that are or will be used to monitor the solvency of contracted providers. |
| | |

**EXHIBIT F - Scoring Tool**

## 3.2.7. Report Submission Requirements

3.2.7.1. The RSN is responsible for submitting complete financial reports accurately and in a timely manner.

| 3.2.8. Report Submission Questions | |
|---|---|
| **Score** | 3.2.8.1. Bidder described the process and procedures in place to ensure reports will be complete, accurate and submitted in a timely manner to MHD. |
| | |
| **Score** | 3.2.8.2. Bidder provided a description of the Bidder's accounting and information system and the Bidder's ability to implement changes in reporting requirements or respond to ad-hoc financial data requests. |
| | |
| **Score** | 3.2.8.3. Bidder described how outcomes for these requirements will be measured and reported. |
| | |

## 3.2.9. Fraud and Abuse Requirements

3.2.9.1. In the context of Fraud and Abuse Requirements, abuse means a provider practice that is inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, or in payment for services that are not medically necessary or that fail to meet professionally recognized standards for health care (Medicaid Managed Care Fraud and Abuse Guidelines).

3.2.9.2. In the context of Fraud and Abuse Requirements, fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to the person or some other person. It includes any act that constitutes fraud under applicable federal or State law (Medicaid Managed Care Fraud and Abuse Guidelines).

3.2.9.3. The RSN must have administrative procedures and internal controls including a mandatory compliance plan designed to guard against fraud and abuse which must at a minimum contain the following:

- 3.2.9.3.1. Verification that services reimbursed by Medicaid were actually furnished to enrollees.
- 3.2.9.3.2. Written policies, procedures, and standards of conduct that articulate the RSN's commitment to comply with all applicable federal and State standards.
- 3.2.9.3.3. Designation of a compliance officer and a compliance committee accountable to senior management.
- 3.2.9.3.4. Training and education for the compliance officer and employees.
- 3.2.9.3.5. Communication between the compliance officer and employees.
- 3.2.9.3.6. Enforcement of standards through well-publicized disciplinary guidelines.
- 3.2.9.3.7. Internal monitoring and auditing.
- 3.2.9.3.8. Prompt response to detected offenses, and for development of corrective action initiatives relating to the contracts.

| 3.2.10. Fraud and Abuse Question | |
|---|---|
| **Score** | 3.2.10. Bidder provided documentation of processes used to guard against fraud and abuse including a Compliance Plan covering the requirements described in section 3.2.9.3. In addition to the Compliance plan policies and procedures or other descriptions of internal controls were included. |
| | |

**EXHIBIT F - Scoring Tool**

## 3.2.11. Sentinel Events and Negative Media Coverage Requirements

3.2.11.1. The RSN must notify MHD of any incident when there is sentinel event and/or negative media coverage expected. Examples of incidents to report include, but are not limited to: homicide, attempted homicide, completed suicide, abuse or neglect of an enrollee by an employee or volunteer, loss of crisis lines, or loss of service or residential sites.

3.2.11.2. Notification must be made to the Mental Health Services Chief or his/her designee during the business day in which the RSN becomes aware of such an event. If the event occurs after business hours, notice must be given as soon as possible during the next business day.

3.2.11.3. Notification must include a description of the event, any actions taken in response to the incident, the reason any action, if any, was taken, and any implications to the service delivery system.

3.2.11.4. When requested, a written report must be provided within two weeks of the original notification to provide information regarding efforts designed to prevent or lessen the possibility of future similar incidents.

| 3.2.12. Sentinel Events and Negative Media Coverage Questions | |
|---|---|
| **Score** | 3.2.12.1. Bidder provided a written description that may include policies and procedures of the steps that will be taken to notify MHD of Sentinel events and/or negative media coverage. |
| | |
| **Score** | 3.2.12.2. Bidder provided a description of how these events will be reviewed as part of an overall quality management process. |
| | |

**EXHIBIT F - Scoring Tool**

## 3.2.13. Financial Requirements

3.2.13.1. For PIHP services, the Bidder must have the financial ability to accept payments on an at-risk basis and have and maintain sufficient financial resources to remain solvent and meet its contractual obligations.

3.2.13.2. For State-funded services the Bidder must demonstrate that it has the ability to manage the funding to provide priority services and provide additional services within available resources.

3.2.13.3. The Bidder must have and maintain risk reserves as required in Exhibit E for each Service Area. If during the contract period the Bidder has a need to spend a portion of the risk reserves, the reserve must be replenished prior to the end of the contract period. If the Bidder is a current RSN, provide the current reserve balance and the plan to replenish it prior to July 30, 2006.

3.2.13.4. The Bidder must limit administration costs incurred to no more than 10 percent of available public funds supporting the public Mental Health system operated by the RSN. Categories of administrative costs are described in the BARS Manual and Supplemental Instructions. Non-public entities must use those same categories to measure administrative cost for the purposes of demonstrating compliance with the requirement and reporting to DSHS.

| 3.2.14. Financial Questions | |
|---|---|
| **Score** | 3.2.14.1. Bidder discussed and provided evidence of the Bidder's ability to accept payments and provide services on an at-risk basis and have and maintain sufficient financial resources to remain solvent and meet its obligations under any resulting contract. The materials submitted can include audited financial statements; financial statements compiled by a Certified Public Accountant in accord with Generally Accepted Accounting Principles, or financial guarantees by a county or counties. |
| | |
| **Score** | 3.2.14.2. Bidder provided documentation that Risk Reserve requirements are met. |
| | |
| **Score** | 3.2.14.3. Bidder provided a detailed budget for the period of September 1, 2006 through June 30, 2007. The budget separated PIHP contract funding from State-funded contract funding and is consistent with the funding exhibits. The budget demonstrated the Bidder's ability to:<br>3.2.14.3.1. Provide all PIHP services<br>3.2.14.3.2. Provide all State-funded priority services<br>3.2.14.3.3. Provide State-funded services beyond priority services within available resources<br>3.2.14.3.4. Maintain required reserves<br>3.2.14.3.5. Meet requirements to limit administrative costs to ten percent measure in accord with BARS supplemental instructions. |
| | |

**EXHIBIT F - Scoring Tool**

**EXHIBIT F - Scoring Tool**

### 3.2.15. Accounting and Internal Control Requirements

The Bidder shall have sufficient internal controls and systems in place designed to account for Contract-related and non-Contract-related revenues and expenses separately. The Bidder must be able to ensure that all funds received by the RSN shall be accounted for by tracking Title XIX Medicaid revenue and expenditures separately from other funding sources and be reported separately as required by MHD. The RSN must ensure that all funds including interest earned, provided pursuant to the resulting contracts are used to support the public Mental Health system. In addition, the RSN must account for public Mental Health expenditures in accord with the BARS Manual and BARS Supplemental Instructions.

| 3.2.16. Accounting and Internal Control Questions | |
|---|---|
| **Score** | 3.2.16.1. Bidder described the steps taken to implement internal control systems surrounding financial accounting and the steps taken to ensure that contract-related revenues and expenses are reported separately. |
| | |
| **Score** | 3.2.16.2. Bidder identified all processes and procedures that are or will be implemented to ensure that public Mental Health expenditures are accounted for in accordance with the BARS Manual and Supplemental Instructions. |
| | |
| **Score** | 3.2.16.3. Bidder submitted evidence of all internal controls surrounding financial accounting, reporting including when appropriate the BARS manual and supplemental instructions. |
| | |

**3.2.17. Third Party Resources Requirements** The RSN shall ensure a process is in place to demonstrate that all third-party resources are identified, pursued, and recorded in accordance with Medicaid being the payer of last resort. All funds recovered by the RSN from third-party resources shall be treated as income and will be used to support the public Mental Health system.

| 3.2.18. Third Party Resources Questions | |
|---|---|
| **Score** | 3.2.18.1. Bidder described the methodologies that will be in place to ensure that all third-party resources are identified. |
| | |
| **Score** | 3.2.18.2. Bidder described the procedures that will be in place to ensure third party resources are pursued and that those monies are utilized to support the public Mental Health system. |
| | |
| **Score** | 3.2.18.3. Bidder described how any monies recovered from third-party payers will be recorded. |
| | |

**EXHIBIT F - Scoring Tool**

Regional Support Network RFP
Information Systems Section
Scoring Tool

Instructions to Evaluators:

- Each question in this section should receive a score of 1 – 10 points in accordance with the definitions below
- Scores should be whole numbers and not use any decimals

| Score | Description | Discussion |
|---|---|---|
| 0 | No value | The Bidder has omitted any discussion of this requirement or the information provided is of no value. |
| 1-3 | Substantially Below Minimum Requirements | The Bidder has not established the capability to perform the requirement, has marginally described its approach, or has simply restated the requirement. |
| 4-5 | Below Minimum Requirements | The Bidder has established some capability to perform the requirement but descriptions regarding their approach are not sufficient to demonstrate the bidder will be fully able to meet the minimum requirements. |
| 6-7 | Meets Minimum Requirements | The Bidder has an acceptable capability of solution to meet this criterion and has described its approach in sufficient detail to be considered “as substantially meeting minimum requirements”. |
| 8-9 | Exceeds Minimum Requirements | The Bidder has demonstrated an above-average capability, approach, or solution and has provided a complete description of the capability, approach, or solution. |
| 10 | Far Exceeds Minimum Requirements | The Bidder has provided an innovative, detailed, efficient approach or established, by presentation of material, far superior capability in this area. |

Evaluator: _____

## 3.3.1. Management Attestation Requirements

3.3.1.1. The RSN must ensure plans or reports required by the contract are provided to MHD in compliance with the timelines and/or formats determined by MHD. Data and other fiscal information, which the contracts require the RSN to submit to MHD, shall be certified in writing as set forth in 42 CFR 438.606. The certification shall be made by one of the following individuals:

3.3.1.1.1. The Chief Executive Officer (CEO).
3.3.1.1.2. The Chief Financial Officer (CFO).
3.3.1.1.3. An individual who has delegated authority to sign for, and who reports directly to the CEO or CFO.

3.3.1.2. The certification shall attest based on best knowledge, information, and belief as to the accuracy, completeness, and truthfulness of the documents and data. The RSN shall submit the certification concurrently with the certified data and documents.

| 3.3.2. Management Attestation Question | |
|---|---|
| **Score** | 3.3.2. Bidder provided a written description which may have included policies and procedures to address management certification, including a description of how information will be submitted and will be reviewed by management to ensure accuracy prior to management's certification. |
| | |

## 3.3.3. Data Requirements

The RSN must submit all data to MHD in accordance with the current MHD- Consumer Information System CIS Data Dictionary specifications. There are two formats for data submission. Encounter Data will follow the HIPAA EDI standards described below. Other data elements must be submitted in accordance with instructions provided in the MHD-CIS Data Dictionary.

3.3.3.1. Health Information Portability and Accountability Act (HIPAA) format 837P is used to submit encounters for all professional (non-Institutional) services. HIPAA format 837I is used to submit encounters for most hospital services including non-hospital evaluation and treatment facilities. (HIPAA) electronic data interchange (EDI) file formats must be followed. The MHD –CIS HIPAA Trading Partner Agreement/Companion Guide is included in the MHD-CIS Data Dictionary and all provisions must be followed.

3.3.3.2. It is the RSN's responsibility to provide valid and usable data to MHD. To this end, the RSN shall ensure that data received from providers is accurate and complete by:

3.3.3.2.1. Verifying the accuracy and timeliness of reported data.
3.3.3.2.2. Screening the data for completeness, logic, and consistency.
3.3.3.2.3. Collecting service information in standardized formats to the extent feasible and appropriate.
3.3.3.2.4. Collecting service utilization data for trend analysis and benchmarking to establish long-term validity and accuracy.

3.3.3.3. The RSN shall submit encounters to MHD via an electronic record showing every encounter between a provider and a consumer within 60 days of the close of the month in which the specific encounter occurred.

3.3.3.4. Data will be analyzed by MHD for accuracy and may be returned to the RSN for resubmission. In the event the data is rejected an explanation for the disallowance will be provided. The RSN must develop error handling process that includes correction of the erroneous data and resubmission capabilities. The RSN must also require subcontractors to develop error handling processes that include correction of the erroneous data and resubmission capabilities.

| 3.3.4. Data Questions | |
|---|---|
| **Score** | 3.3.4.1. Bidder provided a thorough description of the Electronic Data Interchange environment including services and processes for creating, verifying, and sending encounters, including encounters submitted by subcontractors. |
| | |
| **Score** | 3.3.4.2. Bidder provided copies of submission reports that have been generated during an encounter submission process. |
| | |
| **Score** | 3.3.4.3. Bidder provided examples of subcontract claims lag reports that demonstrate how subcontractor claims (if applicable) are paid and that encounters will be submitted to MHD within 60 days of the close of the calendar month in which the encounter occurred. |
| | |

| | |
|---|---|
| **Score** | 3.3.4.4. Bidder provided a written description of processes that will be used for error resolution and encounter resubmission both from subcontractors to the Bidder and from the Bidder to MHD. |
| | |
| **Score** | 3.3.4.5. Bidder describe how outcomes for the requirements will be measured and reported. |
| | |

## 3.3.5. Enrollment and Demographic Data Requirements

3.3.5.1. RSN shall receive client eligibility and demographic information in accordance with current CIS specifications.

3.3.5.2. The RSN must be able to receive electronic Medicaid eligibility information that will be used to establish or terminate a client's eligibility for Medicaid Mental Health Services. The RSN must also be able to process retroactive changes in a client's status. Claims affected by eligibility retroactivity must be re-processed based on the new client status.

3.3.5.3. The RSN must be able to modify their information systems within 120 days of the date of published changes to the MHD-CIS Data Dictionary. If the RSN uses an independent vendor to make changes, the vendor must have the ability to make required changes within the timeframe.

| 3.3.6. Enrollment and Demographic Data Question | |
|---|---|
| **Score** | 3.3.6.1. Bidder provided documentation that may include policies and procedures to describe how the Bidder will meet the requirement to modify their information systems within 120 days of the date of published changes to the MHD-CIS Data Dictionary. If the Bidder uses an independent vendor to make changes, supply documentation that describes the vendor's agreement and ability to make required changes within contracted timeframes. |
| | |

**EXHIBIT F - Scoring Tool**

### 3.3.7. Reporting Requirements

The RSN shall maintain an information system that supports the management and oversight of Medicaid waiver and State-funded services. The RSN shall maintain an information system that collects, analyzes, integrates, and reports data. The system shall provide information on areas such as utilization, grievances and appeals, and encounter submission information. The RSN must have a system disaster recovery plan.

| 3.3.8. Reporting Questions | |
|---|---|
| **Score** | 3.3.8.1. Bidder provided a description of the data reporting environment including data repositories and system diagrams. |
| | |
| **Score** | 3.3.8.2. Bidder provided encounter submission reports that show number of records sent and accepted by the Bidder's information system from subcontractors. |
| | |
| **Score** | 3.3.8.3. Bidder provided a description of how security of the data, systems, and software is achieved. |
| | |

| | |
|---|---|
| **Score** | 3.3.8.4. Bidder provided a written description, which can include policies and procedures, of the process that will be used to ensure system recoverability both for the Bidder's information systems and for those of subcontractors. |
| | |
| **Score** | 3.3.8.5. Bidder provided a written description, which can include policies and procedures, of the process that will be used for providing a primary and backup system for electronic submission of data to MHD. |
| | |
| **Score** | 3.3.8.6. Bidder provided a written description, which can include policies and procedures, addressing how bidders' information system will be used as part of utilization review and resource management. |
| | |

**EXHIBIT F - Scoring Tool**

Regional Support Network RFP
Program Section
Scoring Tool

Instructions to Evaluators:

- Each question in this section should receive a score of 1 – 10 points in accordance with the definitions below
- Scores should be whole numbers and not use any decimals

| Score | Description | Discussion |
|---|---|---|
| 0 | No value | The Bidder has omitted any discussion of this requirement or the information provided is of no value. |
| 1-3 | Substantially Below Minimum Requirements | The Bidder has not established the capability to perform the requirement, has marginally described its approach, or has simply restated the requirement. |
| 4-5 | Below Minimum Requirements | The Bidder has established some capability to perform the requirement but descriptions regarding their approach are not sufficient to demonstrate the bidder will be fully able to meet the minimum requirements. |
| 6-7 | Meets Minimum Requirements | The Bidder has an acceptable capability of solution to meet this criterion and has described its approach in sufficient detail to be considered “as substantially meeting minimum requirements”. |
| 8-9 | Exceeds Minimum Requirements | The Bidder has demonstrated an above-average capability, approach, or solution and has provided a complete description of the capability, approach, or solution. |
| 10 | Far Exceeds Minimum Requirements | The Bidder has provided an innovative, detailed, efficient approach or established, by presentation of material, far superior capability in this area. |

Evaluator:_____

3.4.1. **Disaster Proposal Requirements**

The RSN must participate in all disaster preparedness activities and respond to emergency/disaster events when requested by MHD. The RSN shall:

3.4.1.1. Attend MHD-sponsored training regarding the role of the public mental health system in disaster preparedness and proposal.

3.4.1.2. Participate in local emergency/disaster planning activities when county Emergency Operation Centers and local public health jurisdictions request collaboration.

3.4.1.3. Provide disaster outreach, as defined herein and as required in the State-funded Contract, for the RSN's Service Area in the event of a disaster/emergency.

3.4.1.4. Conduct post-disaster outreach to determine the need for disaster related crisis counseling and assess the availability of local resources in meeting those needs.

3.4.1.5. Provide the name and contact information to MHD for person(s) coordinating the RSN disaster/emergency preparedness and proposal upon request. Provide information and preliminary disaster proposal plans to MHD within 7 days following a disaster/emergency or upon request.

3.4.1.6. Partner in disaster preparedness and proposal activities with MHD and other DSHS entities, the State Emergency Management Division, FEMA, the American Red Cross and other volunteer organizations. This must include:

3.4.1.6.1. Participation when requested in local and regional disaster planning and preparedness activities.
3.4.1.6.2. Coordination of disaster outreach activities following an event.

| 3.4.2. **Disaster Proposal Questions (MR)** | |
|---|---|
| **Score** | 3.4.2.1. Bidder provided the name and contact information of the lead staff for Disaster Proposal. |
| | |
| **Score** | 3.4.2.2. Bidder described how disaster services and activities will be provided in accordance with the requirements in section 3.4.1. |
| | |
| **Score** | 3.4.2.3 Bidder described how outcomes for the requirements of section 3.4.1 will be measured and reported. |
| | |

**EXHIBIT F - Scoring Tool**

3.4.3. **General Information Requirements**

3.4.3.1. The RSN shall provide to persons served by the RSN information on the following topics, either through the Medicaid Benefits Booklet or RSN produced materials:

3.4.3.1.1. Access to Care
3.4.3.1.2. Covered Title XIX and State-funded Services
3.4.3.1.3. Consumer/Member Service Contact Information
3.4.3.1.4. Provider Network
3.4.3.1.5. Grievance, Appeals and Fair Hearings Rights
3.4.3.1.6. Ombuds Program
3.4.3.1.7. Consumer Rights
3.4.3.1.8. Signs of Mental Illness
3.4.3.1.9. Availability of written materials in alternative formats and how to access those formats

3.4.3.2. In addition to English, the RSN shall provide the information described above in the following prevalent languages:

3.4.3.2.1. Cambodian
3.4.3.2.2. Chinese
3.4.3.2.3. Korean
3.4.3.2.4. Laotian
3.4.3.2.5. Russian
3.4.3.2.6. Spanish
3.4.3.2.7. Vietnamese

3.4.3.3. The RSN shall:

3.4.3.3.1. Provide written materials in easily understood language and format, including alternative formats.
3.4.3.3.2. Post client rights in the languages set forth above.
3.4.3.3.3. Provide access to written interpretation of all consumer materials.
3.4.3.3.4. Provide access to these materials prior to conducting an intake evaluation.

| 3.4.4. **General Information Questions** | |
|---|---|
| **Score** | 3.4.4.1. Bidder provided a written description that may include policies and procedures that addressed all the general information requirements in section 3.4.3. |
| | |
| **Score** | 3.4.4.2. Bidder provided sufficient narrative to demonstrate the Bidders understanding of and compliance with the general information requirements in section 3.4.3. |
| | |

3.4.5. **For Title XIX Enrollees - Special Information Requirements**

The RSN shall provide the following written notice for Title XIX enrollees.

3.4.5.1. Make a good faith effort to give written notice of termination of a Mental Health Care Provider (MHCP), within 15 days after receipt or issuance of the termination notice, to each enrollee who received his or her primary care from, or was seen on a regular basis by, the MHCP.

3.4.5.2. Notice of Action and information on grievances, appeal and fair hearing procedures and timeframes that are in compliance with the Grievance system general requirements of the proposed contract.

| 3.4.6. **For Title XIX Enrollees - Special Information** | |
|---|---|
| **Score** | 3.4.6.1. Bidder described the process for notifying Title XIX enrollees of termination of a MHCP in accordance with the requirements in section 3.4.5.1. |
| | |
| **Score** | 3.4.6.2. Bidder described the process and procedures for issuing a Notice of Action for Title XIX enrollees and how written information is or will be provided to enrollees about the grievance, appeals and fair hearing procedures and time frames that are in compliance with the Grievance system general requirements of the proposed contract. |
| | |

## 3.4.7. Title XIX Services Requirements

3.4.7.1 The RSN must have the administrative capacity and organizational stability to operate as a PIHP and to administer medically necessary Mental Health services to enrollees pursuant to:

- 3.4.7.1.1. 42 CFR 438, or any successors and Federal 1915 (b) Mental Health Waiver, Medicaid State plan or any successors.
- 3.4.7.1.2. Other provisions of Title XIX of the Social Security Act, or any successors.
- 3.4.7.1.3. RCW 38.52, 70.02, 71.05, 71.24, and 71.34, or any successors; WAC 388-865 or any successors.
- 3.4.7.1.4. Washington Administrative Code Chapter 388-865 or any successors.
- 3.4.7.1.5. Other applicable State and federal statutes and regulations, or any successors.

3.4.7.2. The RSN shall have adequate professional staff in place to perform all Title XIX Service requirements.

3.4.7.3. The RSN is required to provide services that assist enrollees' progress toward recovery and resiliency and promotes linkages to other formal and informal systems of care.

3.4.7.4. Enrollees must have access to the following benefits based on the Medicaid State Plan prior to an intake evaluation:

- 3.4.7.4.1. Crisis Services
- 3.4.7.4.2. Psychiatric Inpatient Services and Evaluation and Treatment
- 3.4.7.4.3. Stabilization; and Rehabilitation Case Management

3.4.7.5. All Medicaid enrollees requesting mental health services must be offered an intake evaluation as defined in the Medicaid State Plan. A request for mental health services is defined as a point in time when mental health services are sought or applied for through a telephone call, EPSDT referral, walk-in, or written request for mental health services.

3.4.7.6. Authorization for further services must be based on medical necessity and the Access to Care Standards. Enrollees denied an intake evaluation must receive a Notice of Action from the PIHP or its formal designee.

3.4.7.7. Mental Health Rehabilitation Services are integrated treatment services recommended by a mental health professional and furnished by State licensed Community Mental Health Agencies, except for Mental Health

Clubhouse. Services are provided to seriously mentally ill adults and seriously emotionally disturbed children for whom the services are determined to be medically necessary. Services shall be provided based on the following definitions, requirements and standards from the Medicaid State Plan or the 1915(b)(3) Waiver:

3.4.7.7.1. Brief Intervention Treatment: Solution focused and outcomes oriented cognitive and behavioral interventions intended to ameliorate symptoms, resolve situational disturbances which are not amenable to resolution in a crisis service model of care and which do not require long term-treatment, to return the individual to previous higher levels of general functioning. Individuals must be able to select and identify a focus for care that is consistent with time-limited, solution-focused or cognitive-behavioral model of treatment. Functional problems and/or needs identified in the Medicaid enrollee's Individual Service Plan must include a specific time frame for completion of each identified goal. This service does not include ongoing care, maintenance/monitoring of the enrollee's current level of functioning and assistance with self/care or life skills training. Enrollees may move from Brief Intervention Treatment to longer term Individual Services at any time during the course of care. This service is provided by or under the supervision of a Mental Health Professional.

3.4.7.7.2. Crisis Services: Evaluation and treatment of mental health crisis to all Medicaid enrolled individuals experiencing a crisis. A mental health crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible bad consequences will follow. Crisis services shall be available on a 24-hour basis. Crisis Services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available. Crisis services may be provided prior to completion of an intake evaluation. Services are provided by or under the supervision of a mental health professional.

3.4.7.7.3. Day Support: An intensive rehabilitative program which provides a range of integrated and varied life skills training (e.g., health, hygiene, nutritional issues, money management, maintaining living arrangement, symptom management) for Medicaid enrollees to promote improved functioning or a restoration to a previous higher level of functioning. The program is designed to assist the individual in the acquisition of skills, retention of current functioning or improvement in the current level of functioning, appropriate socialization and adaptive coping skills. Eligible individuals must demonstrate restricted functioning as evidenced by an inability to provide for their instrumental activities of daily living. This modality may be provided as an adjunctive treatment or as a primary intervention. The staff to consumer ratio is no more than 1:20 and is provided by or under the

supervision of a mental health professional in a location easily accessible to the client (e.g., community mental health agencies, clubhouses, community centers). This service is available 5 hours per day, 5 days per week.

3.4.7.7.4. Family Treatment: Psychological counseling provided for the direct benefit of a Medicaid enrolled individual. Service is provided with family members and/or other relevant persons in attendance as active participants. Treatment shall be appropriate to the culture of the client and their family and should reinforce the family structure, improve communication and awareness, enforce and reintegrate the family structure within the community, and reduce the family crisis/upheaval. The treatment will provide family-centered interventions to identify and address family dynamics and build competencies to strengthen family functioning in relationship to the consumer. Family treatment may take place without the consumer present in the room but service must be for the benefit of attaining the goals identified for the individual in their individual service plan. This service is provided by or under the supervision of a mental health professional.

3.4.7.7.5. Freestanding Evaluation and Treatment: Services provided in freestanding inpatient residential (non-hospital/non-IMD) facilities licensed by the Department of Health and certified by the Mental Health Division to provide medically necessary evaluation and treatment to the Medicaid enrolled individual who would otherwise meet hospital admission criteria. These are not-for-profit organizations. At a minimum, services include evaluation, stabilization and treatment provided by or under the direction of licensed psychiatrists, nurses and other mental health professionals, and discharge planning involving the individual, family, significant others so as to ensure continuity of mental health care. Nursing care includes but is not limited to: performing routine blood draws, monitoring vital signs, providing injections, administering medications, observing behaviors and presentation of symptoms of mental illness. Treatment modalities may include individual and family therapy, milieu therapy, psycho-educational groups and pharmacology. The individual is discharged as soon as a less-restrictive plan for treatment can be safely implemented. This service is provided for individuals who pose an actual or imminent danger to self, others, or property due to a mental illness, or who have experienced a marked decline in their ability to care for self due to the onset or exacerbation of a psychiatric disorder. The severity of symptoms, intensity of treatment needs or lack of necessary supports for the individual does not allow them to be managed at a lesser level of care. This service does not include cost for room and board. The Mental Health Division must authorize exceptions for involuntary length of stay beyond a fourteen-day commitment.

3.4.7.7.6. Group Treatment Services: Services provided to Medicaid enrolled individuals designed to assist in the attainment of goals described in the Individual Service Plan. Goals of Group Treatment may include developing

self care and/or life skills, enhancing interpersonal skills, mitigating the symptoms of mental illness, and lessening the results of traumatic experiences, learning from the perspective and experiences of others and counseling/psychotherapy to establish and /or maintain stability in living, work or educational environment. Individuals eligible for Group Treatment must demonstrate an ability to benefit from experiences shared by others, demonstrate the ability to participate in a group dynamic process in a manner that is respectful of other's right to confidential treatment and must be able to integrate feedback from other group members. This service is provided by or under the supervision of a mental health professional to two or more Medicaid enrolled individuals at the same time. Staff to consumer ratio is no more than 1:12. Maximum group size is 24.

3.4.7.7.7. High Intensity Treatment: Intensive levels of service otherwise furnished under this State plan amendment that is provided to Medicaid enrolled individuals who require a multi-disciplinary treatment team in the community that is available upon demand based on the individual's need. Twenty-four hours per day, seven days per week, access is required if necessary. Goals for High Intensity Treatment include the reinforcement of safety, the promotion of stability and independence of the individual in the community, and the restoration to a higher level of functioning. These services are designed to rehabilitate individuals who are experiencing severe symptoms in the community and thereby avoid more restrictive levels of care such as psychiatric inpatient hospitalization or residential placement. The team consists of the individual, Mental Health Care Providers, under the supervision of a mental health professional, and other relevant persons as determined by the individual (e.g., family, guardian, friends, and neighbor). Other community agency members may include probation/parole officers*, teacher, minister, physician, chemical dependency counselor*, etc. Team members work together to provide intensive coordinated and integrated treatment as described in the individual service plan. The team's intensity varies among individuals and for each individual across time. The assessment of symptoms and functioning will be continuously addressed by the team based on the needs of the individual allowing for the prompt assessment for needed modifications to the individual service plan or crisis plan. Team members provide immediate feedback to the individual and to other team members. The staff to consumer ratio for this service is no more than 1:15. Billable components of this modality include time spent by the mental health professionals, mental health care providers and peer counselors. *Although they participate, these team members are paid staff of other Departments and therefore not reimbursed under this modality.

3.4.7.7.8. Individual Treatment Services: A set of treatment services designed to help a Medicaid enrolled individual attain goals as prescribed in their individual treatment plan. These services shall be congruent with the age, strengths, and cultural framework of the individual and shall be conducted with the individual, his or her family, or others at the individual's behest who play a direct role in assisting the individual to establish and/or maintain stability in

his/her daily life. These services may include, developing the individual's self-care/life skills; monitoring the individual's functioning; counseling and psychotherapy. Services shall be offered at the location preferred by the Medicaid enrolled individual. This service is provided by or under the supervision of a mental health professional.

3.4.7.7.9. Intake Evaluation: An evaluation that is culturally and age relevant initiated prior to the provision of any other mental health services, except crisis services, services, stabilization services and free-standing evaluation and treatment. The intake evaluation must be initiated within ten (10) working days of the request for services, establish the medical necessity for treatment and be completed within thirty (30) working days. Routine services may begin before the completion of the intake once medical necessity is established. This service is provided by a mental health professional.

3.4.7.7.10. Medication Management: The prescribing and/or administering and reviewing of medications and their side effects. This service shall be rendered face-to-face by a person licensed to perform such services. This service may be provided in consultation with collateral, primary therapists, and/or case managers, but includes only minimal psychotherapy.

3.4.7.7.11. Medication Monitoring: Face-to-face one-on-one cueing, observing, and encouraging a Medicaid enrolled individual to take medications as prescribed. Also includes reporting back to persons licensed to perform medication management services for the direct benefit of the Medicaid enrolled individual. This activity may take place at any location and for as long as it is clinically necessary. This service is designed to facilitate medication compliance and positive outcomes. Enrollees with low medication compliance history or persons newly on medication are most likely to receive this service. This service is provided by or under the supervision of a mental health professional. Time spent with the enrollee is the only direct service billable component of this modality.

3.4.7.7.12. Mental Health Services provided in Residential Settings: A specialized form of rehabilitation service (non hospital/non IMD) that offers a sub-acute psychiatric management environment. Medicaid enrolled individuals receiving this service present with severe impairment in psychosocial functioning or has apparent mental illness symptoms with an unclear etiology due to their mental illness and treatment cannot be safely provided in a less restrictive environment and do not meet hospital admission criteria. Individuals in this service require a different level of service than High Intensity Treatment. The Mental Health Care Provider is sited at the residential location (e.g., boarding homes, supported housing, cluster housing, SRO apartments) for extended

hours to provide direct mental health care to a Medicaid enrollee. Therapeutic interventions both in individual and group format may include medication management and monitoring, stabilization, and cognitive and behavioral interventions designed with the intent to stabilize the individual and return him/her to more independent and less restrictive treatment. The treatment is not for the purpose of providing custodial care or respite for the family, nor is it for the sole purpose of increasing social activity or used as a substitute for other community-based resources. This service is billable on a daily rate. In order to bill the daily rate for associated costs for these services, a minimum of 8 hours of service must be provided. This service does not include the costs for room and board, custodial care, and medical services, and differs for other services in the terms of location and duration.

3.4.7.7.13. Peer Support: Services provided by peer counselors to Medicaid enrolled individuals under the consultation, facilitation or supervision of a mental health professional who understands rehabilitation and recovery. This service provides scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Consumers actively participate in decision-making and the operation of the programmatic supports. Self-help support groups, telephone support lines, drop-in centers, and sharing the peer counselor's own life experiences related to mental illness will build alliances that enhance the consumer's ability to function in the community. These services may occur at locations where consumers are known to gather (e.g., churches, parks, community centers, etc). Drop-in centers are required to maintain a log documenting identification of the consumer including Medicaid eligibility. Services provided by peer counselors to the consumer are noted in the consumers' Individualized Service Plan which delineates specific goals that are flexible tailored to the consumer and attempt to utilize community and natural supports. Monthly progress notes document consumer progress relative to goals identified in the Individualized Service Plan, and indicates where treatment goals have not yet been achieved. Peer counselors are responsible for the implementation of peer support services. Peer counselors may serve on High Intensity Treatment Teams. Peer support is available daily no more than four hours per day. The ratio for this service is no more than 1:20.

3.4.7.7.14. Psychiatric Inpatient Services: 24-hour beds for psychiatric services.

3.4.7.7.14.1. Develop, maintain or purchase Involuntary Treatment Act (ITA) certified treatment beds to meet the statutory requirements of RCW 71.24.300.

3.4.7.7.14.2. Develop, maintain or purchase services for individuals who are involuntarily detained or committed in non-IMD community hospitals or evaluation and treatment facilities in accordance with RCW 71.05 or 71.34.

3.4.7.7.14.3. Provide or purchase psychiatric inpatient services when it is determined to be medically necessary for the following Title XIX eligible individuals:

3.4.7.7.14.3.1. Individuals under 22 years of age and over 64 years of age admitted to an Institute for Mental Disease (IMD).

3.4.7.7.14.3.2. Individuals who are voluntarily admitted to non-IMD community hospitals or evaluation and treatment facilities.

3.4.7.7.15. Psychological Assessment: All psychometric services provided for evaluating, diagnostic, or therapeutic purposes by or under the supervision of a licensed psychologist. Psychological assessments shall: be culturally relevant; provide information relevant to a consumer's continuation in appropriate treatment; and assist in treatment planning within a licensed mental health agency.

3.4.7.7.16. Rehabilitation Case Management: A range of activities by the outpatient community mental health agency's liaison conducted in or with a facility for the direct benefit of a Medicaid-enrolled individual in the public mental health system. To be eligible, the individual must be in need of case management in order to ensure timely and appropriate treatment and care coordination. Activities include assessment for discharge or admission community to mental health care, integrated mental health treatment planning, resource identification and linkage, to mental health rehabilitative services, and collaborative development of individualized services that promote continuity of mental health care. These specialized mental health coordination activities are intended to promote discharge, to maximize the benefits of the placement, and to minimize the risk of unplanned re-admission and to increase the community tenure for the individual. Services are provided by or under the supervision of a mental health professional.

3.4.7.7.17. Special Population Evaluation: Evaluation by a child, geriatric, disabled, or ethnic minority specialist that considers age and cultural variables specific to the individual being evaluated and other culturally and age competent evaluation methods. This evaluation shall provide information relevant to a consumer's continuation in appropriate treatment and assist in treatment planning. This evaluation occurs after intake. Consultation from a non-staff specialist (employed by another CMHA or contracted by the CMHA) may also be obtained, if needed, subsequent to this evaluation and shall be considered an integral, billable component of this service.

3.4.7.7.18. Stabilization Services: Services provided to Medicaid enrolled individuals who are experiencing a mental health crisis. These services are to be provided in the person's own home, or another home-like setting, or a setting which provides safety for the individual and the mental health professional. Stabilization services shall include short-term (less than two weeks per episode) face-to-face assistance with life skills training, and understanding of medication effects. This service includes: a) follow up to crisis services; and b) other individuals determined by a mental health professional to need additional stabilization services. Stabilization services may be provided prior to an intake evaluation for mental health services.

3.4.7.7.19. Therapeutic Psychoeducation: Informational and experiential services designed to aid Medicaid enrolled individuals, their family members (e.g., spouse, parents, siblings) and other individuals identified by the individual as a primary natural support, in the management of psychiatric conditions, increased knowledge of mental illnesses and understanding the importance of their individual plan of care. These services are exclusively for the benefit of the Medicaid enrolled individual and are included in the Individual Service Plan. The primary goal is to restore lost functioning and promote reintegration and recovery through knowledge of one’s disease, the symptoms, precautions related to decompensation, understanding of the “triggers” of crisis, crisis planning, community resources, successful interrelations, medication action and interaction, etc. Training and shared information may include brain chemistry and functioning; latest research on mental illness causes and treatments; diagnostics; medication education and management; symptom management; behavior management; stress management; crisis management; improving daily living skills; independent living skills; problem-solving skills, etc. Services are provided at locations convenient to the consumer, by or under the supervision of a mental health professional. Classroom style teaching, family treatment and individual treatment are not billable components of this service.

3.4.7.7.20. Respite Care: A service to sustain the primary caregivers of children with serious or emotional disorders or adults with mental illness. This is accomplished by providing observation, direct support and monitoring to meet the physical, emotional, social and mental health needs of an individual consumer by someone other than the primary care givers. Respite care should be provided in a manner that provides necessary relief to caregivers. Respite may be provided on a planned or an emergent basis and may be provided in a variety of settings such as in the consumer or caregiver's home, in an organization's facilities, in the respite worker's home etc. The care should be flexible to ensure that the individual's daily routine is maintained. Respite is provided by, or under the supervision of, a mental health professional. Respite under this waiver is only available to those consumers who do not have this coverage under some other federal program.

3.4.7.7.21. Supported Employment: A service for Medicaid enrollees who are neither currently receiving nor who are on a waiting list to receive federally funded vocational services such as those provided through the Department of Vocational Rehabilitation. Services will include:

3.4.7.7.21.1. An assessment of work history, skills, training, education, and personal career goals.
3.4.7.7.21.2. Information about how employment will affect income and benefits the consumer is receiving because of their disability.
3.4.7.7.21.3. Preparation skills such as resume development and interview skills.
3.4.7.7.21.4. Involvement with consumers served in creating and revising individualized job and career development plans that include:
3.4.7.7.21.4.1. Consumer strengths
3.4.7.7.21.4.2. Consumer abilities
3.4.7.7.21.4.3. Consumer preferences
3.4.7.7.21.4.4. Consumer's desired outcomes
3.4.7.7.21.5. Assistance in locating employment opportunities that is consistent with the consumer's strengths abilities, preferences, and desired outcomes.
3.4.7.7.21.6. Integrated supported employment, including outreach/job coaching and support in a normalized or integrated work site, if required.
3.4.7.7.21.7. Services are provided by or under the supervision of a mental health professional.

3.4.7.7.22. Mental Health Clubhouse: A service specifically contracted by the PIHP to provide a consumer directed program to Medicaid enrollees where they receive multiple services. These services may be in the form of support groups, related meetings, consumer training, peer support, etc. Consumers may drop in on a daily basis and participate, as they are able. Mental Health Clubhouses are not an alternative for day support services. Clubhouses must use the International Center for Clubhouse Development (ICCD) standards as guidelines. Services include the following:

3.4.7.7.22.1. Opportunities to work within the clubhouse, which contributes to the operation and enhancement of the clubhouse community.3
3.4.7.7.22.2. Opportunities to participate in administration, public relations, advocacy and evaluation of clubhouse effectiveness.
3.4.7.7.22.3. Assistance with employment opportunities; housing, transportation, education and benefits planning.

3.4.7.7.22.4. Operate at least ten hours a week after 5:30 p.m., Monday through Friday, or anytime on Saturday or Sunday.

3.4.7.7.22.5. Opportunities for socialization activities.

| 3.4.8 Title XIX Services Questions | |
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| **Score** | 3.4.8.1. The Bidder provided a description of how enrollees progress toward recovery and resiliency and linkages to other formal and informal systems will be promoted. The description included sufficient narrative to illustrate the RSN's understanding of, and compliance with, the requirements. |
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| **Score** | 3.4.8.2.1. Crisis Services: The Bidder provided a detailed description that may include but is not limited to, written policies and procedures to address how the Bidder will provide enrollees access to crisis services prior to an intake evaluation. The description provided in detail how crisis services will be provided including facilities, staffing, and staff qualifications. The Bidder provided sufficient narrative to illustrate an understanding of service requirements and compliance with the requirements. |
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| **Score** | 3.4.8.2.2. Psychiatric Inpatient Services & Freestanding Evaluation and Treatment: 24-hour beds for psychiatric services. The Bidder provided a detailed description that may include but is not limited to, written policies and procedures to address how the Bidder will provide enrollees access to these benefits prior to an intake evaluation. The description provided in detail how freestanding evaluation and treatment and psychiatric inpatient services will be provided including facilities, staffing, and staff qualifications. The Bidder provided sufficient narrative to illustrate an understanding of service requirements and compliance with the requirements. |
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| **Score** | 3.4.8.2.3. Stabilization; and Rehabilitation Case Management: The Bidder provided a detailed description that may include but is not limited to, written policies and procedures to address how the Bidder will provide enrollees access to stabilization and rehabilitation case management prior to an intake evaluation. The description provided in detail how stabilization and rehabilitation case management will be provided including facilities, staffing, and staff qualifications. The Bidder provided sufficient narrative to illustrate an understanding of service requirements and compliance with the requirements. |
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| **Score** | 3.4.8.3. The Bidder addressed how Medicaid enrollees who request covered mental health services will be offered and provided an intake evaluation within 10 days of the request. The Bidder included sufficient narrative to illustrate an understanding of and compliance with the requirement. (Note: A request for mental health services is defined as a point in time when mental health services are sought or applied for through a telephone call, EPSDT referral, walk-in, or written request for mental health services.) |
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| **Score** | 3.4.8.4 The bidder provided a written description, that may have included policies and procedures, that addressed how the Bidder will authorize services following an intake evaluation demonstrating that authorizations will be based on medical necessity and the Access to Care Standards. The bidder described the process for enrollees denied an intake evaluation to receive a Notice of Action from the PIHP or its formal designee and described how denials will be tracked. The response included sufficient narrative to illustrate the Bidders understanding of and compliance with the RFP requirements. |
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| **Score** | 3.4.8.5 Brief Intervention Treatment: The Bidder provided a written description that demonstrates that the Bidder will provide brief intervention treatment services that are integrated treatment services, recommended by a mental health professional, furnished by State licensed Community Mental Health Agencies, and provided to older adults, adults and children for whom the services are determined to be medically necessary. The Bidder demonstrated that brief intervention treatment services will be provided as required. The bidder provided detail regarding the service, locations, facilities, staffing, staff qualifications and sufficient narrative to illustrate the Bidders understanding of the service requirements. |
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| | 3.4.8.5 Day Support: The Bidder provided a written description that demonstrates that the Bidder will provide day support services that are integrated treatment services, recommended by a mental health professional, furnished by State licensed Community Mental Health Agencies, and provided to older adults, adults and children for whom the services are determined to be medically necessary. The Bidder demonstrated that day support services will be provided as required. The bidder provided detail regarding the service, locations, facilities, staffing, staff qualifications and sufficient narrative to illustrate the Bidders understanding of the service requirements. |
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| | 3.4.8.5 Family Treatment: The Bidder provided a written description that demonstrates that the Bidder will provide family treatment services that are integrated treatment services, recommended by a mental health professional, furnished by State licensed Community Mental Health Agencies, and provided to older adults, adults and children for whom the services are determined to be medically necessary. The Bidder demonstrated that family treatment services will be provided as required. The bidder provided detail regarding the service, locations, facilities, staffing, staff qualifications and sufficient narrative to illustrate the Bidders understanding of the service requirements. |
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| | 3.4.8.5 Group Treatment Services: The Bidder provided a written description that demonstrates that the Bidder will provide group treatment services that are integrated treatment services, recommended by a mental health professional, furnished by State licensed Community Mental Health Agencies, and provided to older adults, adults and children for whom the services are determined to be medically necessary. The Bidder demonstrated that group treatment services will be provided as required. The bidder provided detail regarding the service, locations, facilities, staffing, staff qualifications and sufficient narrative to illustrate the Bidders understanding of the service requirements. |
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| | 3.4.8.5 High Intensity Treatment: The Bidder provided a written description that demonstrates that the Bidder will provide high intensity treatment services that are integrated treatment services, recommended by a mental health professional, furnished by State licensed Community Mental Health Agencies, and provided to older adults, adults and children for whom the services are determined to be medically necessary. The Bidder demonstrated that high intensity treatment services will be provided as required. The bidder provided detail regarding the service, locations, facilities, staffing, staff qualifications and sufficient narrative to illustrate the Bidders understanding of the service requirements. |
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| | I3.4.8.5 Individual Treatment Services: The Bidder provided a written description that demonstrates that the Bidder will provide individual treatment services that are integrated treatment services, recommended by a mental health professional, furnished by State licensed Community Mental Health Agencies, and provided to older adults, adults and children for whom the services are determined to be medically necessary. The Bidder demonstrated that individual treatment services will be provided as required. The bidder provided detail regarding the service, locations, facilities, staffing, staff qualifications and sufficient narrative to illustrate the Bidders understanding of the service requirements. |

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| | 3.4.8.5 Medication Management: The Bidder provided a written description that demonstrates that the Bidder will provide medication management services that are integrated treatment services, recommended by a mental health professional, furnished by State licensed Community Mental Health Agencies, and provided to older adults, adults and children for whom the services are determined to be medically necessary. The Bidder demonstrated that medication management services will be provided as required. The bidder provided detail regarding the service, locations, facilities, staffing, staff qualifications and sufficient narrative to illustrate the Bidders understanding of the service requirements. |
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| | 3.4.8.5 Medication Monitoring: The Bidder provided a written description that demonstrates that the Bidder will provide medication monitoring services that are integrated treatment services, recommended by a mental health professional, furnished by State licensed Community Mental Health Agencies, and provided to older adults, adults and children for whom the services are determined to be medically necessary. The Bidder demonstrated that medication monitoring services will be provided as required. The bidder provided detail regarding the service, locations, facilities, staffing, staff qualifications and sufficient narrative to illustrate the Bidders understanding of the service requirements. |
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| | 3.4.8.5 Mental Health Services provided in Residential Settings: The Bidder provided a written description that demonstrates that the Bidder will provide mental health services provided in residential Settings that are integrated treatment services, recommended by a mental health professional, furnished by State licensed Community Mental Health Agencies, and provided to older adults, adults and children for whom the services are determined to be medically necessary. The Bidder demonstrated that mental health services provided in residential settings will be provided as required. The bidder provided detail regarding the service, locations, facilities, staffing, staff qualifications and sufficient narrative to illustrate the Bidders understanding of the |

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| | service requirements. |
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| | 3.4.8.5 Peer Support: The Bidder provided a written description that demonstrates that the Bidder will provide peer support services that are integrated treatment services, recommended by a mental health professional, furnished by State licensed Community Mental Health Agencies, and provided to older adults, adults and children for whom the services are determined to be medically necessary. The Bidder demonstrated peer support services will be provided as required. The bidder provided detail regarding the service, locations, facilities, staffing, staff qualifications and sufficient narrative to illustrate the Bidders understanding of the service requirements. |
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| | 3.4.8.5 Psychological Assessment: The Bidder provided a written description that demonstrates that the Bidder will provide psychological assessment services that are integrated treatment services, recommended by a mental health professional, furnished by State licensed Community Mental Health Agencies, and provided to older adults, adults and children for whom the services are determined to be medically necessary. The Bidder demonstrated that psychological assessment services will be provided as required. The bidder provided detail regarding the service, locations, facilities, staffing, staff qualifications and sufficient narrative to illustrate the Bidders understanding of the service requirements. |
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| | 3.4.8.5 Special Population Evaluation: The Bidder provided a written description that demonstrates that the Bidder will provide special population evaluation services that are integrated treatment services, recommended by a mental health professional, furnished by State licensed Community Mental Health Agencies, and provided to older adults, adults and children for whom the services are determined to be medically necessary. The Bidder demonstrated that special population evaluation services will be provided as required. The bidder provided detail regarding the service, locations, facilities, staffing, staff qualifications and sufficient narrative to illustrate |

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| | the Bidders understanding of the service requirements. |
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| | 3.4.8.5 Therapeutic Psychoeducation: The Bidder provided a written description that demonstrates that the Bidder will provide therapeutic psychoeducation services that are integrated treatment services, recommended by a mental health professional, furnished by State licensed Community Mental Health Agencies, and provided to older adults, adults and children for whom the services are determined to be medically necessary. The Bidder demonstrated that therapeutic psychoeducation services will be provided as required. The bidder provided detail regarding the service, locations, facilities, staffing, staff qualifications and sufficient narrative to illustrate the Bidders understanding of the service requirements. |
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| | 3.4.8.5 Respite Care: The Bidder provided a written description that demonstrates that the Bidder will provide respite care services that are integrated treatment services, recommended by a mental health professional, furnished by State licensed Community Mental Health Agencies, and provided to older adults, adults and children for whom the services are determined to be medically necessary. The Bidder demonstrated that respite care services will be provided as required. The bidder provided detail regarding the service, locations, facilities, staffing, staff qualifications and sufficient narrative to illustrate the Bidders understanding of the service requirements. |
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| | 3.4.8.5 Supported Employment: The Bidder provided a written description that demonstrates that the Bidder will provide supported employment services that are integrated treatment services, recommended by a mental health professional, furnished by State licensed Community Mental Health Agencies, and provided to older adults, adults and children for whom the services are determined to be medically necessary. The Bidder |

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| | demonstrated that supported employment services will be provided as required. The bidder provided detail regarding the service, locations, facilities, staffing, staff qualifications and sufficient narrative to illustrate the Bidders understanding of the service requirements. |
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| | 3.4.8.5 Mental Health Clubhouse: The Bidder provided a written description that demonstrates that the Bidder will provide mental health clubhouse services that are integrated treatment services, recommended by a mental health professional, furnished by State licensed Community Mental Health Agencies, and provided to older adults, adults and children for whom the services are determined to be medically necessary. The Bidder demonstrated that mental health clubhouse services will be provided as required. The bidder provided detail regarding the service, locations, facilities, staffing, staff qualifications and sufficient narrative to illustrate the Bidders understanding of the service requirements. |
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## 3.4.9. State-funded Program Services Requirements

3.4.9.1. Priority State-funded Services RSNs must have the administrative capacity and organizational stability to provide or purchase age, linguistic and culturally competent and community Mental Health services for individuals for whom services are medically necessary and clinically appropriate pursuant to:

3.4.9.1.1. RCW 38.52, 70.02, 71.05, 71.24, and 71.34, or any successors;

3.4.9.1.2. Washington Administrative Code Chapter 388-865 or any successors.

3.4.9.1.3. Other applicable State and federal statutes and regulations, or any successors.

3.4.9.2. The Bidder shall have adequate professional staff in place to perform all functions required in the State-funded Services Requirements.

3.4.9.3. The RSN is required to prioritize the use of available State funds to provide the following services:

3.4.9.3.1. Crisis Services: Evaluation and treatment of mental health crisis to all individuals experiencing a crisis. A mental health crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible bad consequences will follow. Crisis services shall be available on a 24-hour basis. Crisis Services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available. Crisis services may be provided prior to completion of an intake evaluation. Services are provided by or under the supervision of a mental health professional.

3.4.9.3.2. Stabilization Services: Services to individuals who are experiencing a mental health crisis. These services are to be provided in the person's own home, or another home-like setting, or a setting which provides safety for the individual and the mental health professional. Stabilization services shall include short-term (less than two weeks per episode) face-to-face assistance with life skills training, and understanding of medication effects. This service includes: a) follow up to crisis services; and b) other individuals determined by a mental health professional to need additional stabilization services.

Stabilization services may be provided prior to an intake evaluation for mental health services.

3.4.9.3.3. Involuntary Treatment Act Services: Includes all services and administrative functions required for the evaluation for involuntary detention or involuntary treatment of individuals in accordance with RCW 71.05 and 71.34, 71.24.300. This includes all evaluation and monitoring services, costs related to court processes and transportation. Crisis Services become Involuntary Treatment Act Services when a Designated Mental Health Professional determines an individual must be evaluated for involuntary treatment. ITA services continue until the end of the involuntary commitment.

3.4.9.3.4. Ancillary Crisis Services: Includes costs associated with providing medically necessary crisis services not included in the Medicaid State Plan. Costs include but are not limited to the cost of room and board in hospital diversion settings or in freestanding Evaluation and Treatment facilities.

3.4.9.3.5. Freestanding Evaluation and Treatment: Services provided in inpatient residential (non-hospital) facilities licensed by the Department of Health and certified by the Mental Health Division to provide medically necessary evaluation and treatment to individuals who would otherwise meet hospital admission criteria. These are not-for-profit organizations. At a minimum, services include evaluation, stabilization and treatment provided by or under the direction of licensed psychiatrists, nurses and other mental health professionals, and discharge planning involving the individual, family, significant others so as to ensure continuity of mental health care. Nursing care includes but is not limited to; performing routine blood draws, monitoring vital signs, providing injections, administering medications, observing behaviors and presentation of symptoms of mental illness. Treatment modalities may include individual and family therapy, milieu therapy, psycho-educational groups and pharmacology. The individual is discharged as soon as a less-restrictive plan for treatment can be safely implemented.

3.4.9.3.6. Psychiatric Inpatient Services: 24-hour beds for psychiatric services.

3.4.9.3.6.1. Develop, maintain or purchase Involuntary Treatment Act (ITA) certified treatment beds to meet the statutory requirements of RCW 71.24.300.

3.4.9.3.6.2. Develop, maintain or purchase services for individuals who are involuntarily detained or committed in community hospitals or evaluation and treatment facilities in accordance with RCW 71.05 or 71.34 and who are eligible under General Assistance-Unemployable (GA-U), or who are not eligible

for any other medical assistance program.

3.4.9.3.6.3. Provide or purchase psychiatric inpatient services when it is determined to be medically necessary for:

3.4.9.3.6.4. Individuals who agree to be admitted voluntarily and who are beneficiaries of the following State-funded assistance programs: Psychiatric Indigent Inpatient (PII) and General Assistance Unemployable (GA-U).

3.4.9.3.6.5. Individuals at least 22 years of age and under 65 years of age who are Medicaid enrollees and are admitted to an Institute for Mental Disease (IMD).

3.4.9.3.7. Medicaid Personal Care: Respond to requests for Medicaid Personal Care (MPC) from the DSHS Aging and Disability Services Administration (ADSA) within 5 working days of the request. ADSA will use the Comprehensive Assessment Reporting Evaluation (CARE) tool to determine service needed. The RSN may not limit or restrict authorization for these services due to insufficient resources. Authorization decisions must be based on the following:

3.4.9.3.7.1. A review of the request to determine if the individual is currently authorized to receive services from the Prepaid Inpatient Health Plan in the RSN's Service Area.

3.4.9.3.7.2. A verification that need for MPC services is based solely on the presence of a psychiatric disability.

3.4.9.3.7.3. A review of the requested MPC services to determine if the individual's needs could be met through provision of other available RSN services.

3.4.9.5. **Additional State-funded Services**

The RSN is required to prioritize any remaining funds following the provision of the Priority State-funded Services above to provide the following:

3.4.9.5.1. **Residential Programs**:

3.4.9.5.1.1. The full range of residential settings and programs must be available and provided based on the individuals needs, medical necessity and within available resources per the RSN's policies and procedures. The RSN must have contracts or memorandums of understanding to purchase a residential program outside of the RSN's Service Area when an individual requires a level of residential support which is not available from the RSN.

3.4.9.5.1.2. The full range of residential programs and settings include the following:

3.4.9.5.1.2.1. Long-term intensive adaptive and rehabilitative psychiatric care such as is provided in Adult Residential Rehabilitation Centers.

3.4.9.5.1.2.2. Supervised living such as residential programs developed to serve individuals diagnosed with a major mental illness in Skilled Nursing Facilities, boarding homes or adult family homes.

3.4.9.5.1.2.3. Supported housing services such as intensive services provided to maintain individuals in unlicensed individual or group home settings including transitional or permanent housing.

3.4.9.5.2. **Outpatient Mental Health Services**

The descriptions and standards for State-funded outpatient services are below.

3.4.9.5.2.1. Brief Intervention Treatment: Solution focused and outcomes oriented cognitive and behavioral interventions intended to ameliorate symptoms, resolve situational disturbances which are not amenable to resolution in a crisis service model of care and which do not require long term-treatment, to return the individual to previous higher levels of general functioning. Individuals must be able to select and identify a focus for care that is consistent with time-limited, solution-focused or cognitive-behavioral model of treatment. Functional problems and/or needs identified in the Individual Service Plan must include a specific time frame for completion of each identified goal. This service does not include ongoing care, maintenance/monitoring of the current level of functioning and assistance with self/care or life skills training. Individuals may move from Brief Intervention Treatment to longer term Individual Services at any time during the course of care. This service is provided by or under the supervision of a Mental Health Professional.

3.4.9.5.2.2. Day Support: An intensive rehabilitative program which provides a range of integrated and varied life skills training (e.g., health, hygiene, nutritional issues, money management, maintaining living arrangement, symptom management, to promote improved functioning or a restoration to a previous higher level of functioning. The program is designed to assist the individual in the acquisition of skills, retention of current functioning or improvement in the current level of functioning, appropriate socialization and adaptive coping skills. To receive this service an Individual must demonstrate restricted functioning as evidenced by an inability to provide for their instrumental activities of daily living. This modality may be provided as an adjunctive treatment or as a primary intervention. The staff to consumer ratio is no more than 1:20 and is provided by or under the supervision of a mental health professional in a location easily accessible to the client (e.g., community mental health agencies, clubhouses, community centers). This service is available up to 5 hours per day, 5 days per week.

3.4.9.5.2.3 .Family Treatment: Psychological counseling provided for the direct benefit of the individual receiving services. Service is provided with family members and/or other relevant persons in attendance as active participants. Treatment shall be appropriate to the culture of the client and their family and should reinforce the family structure, improve communication and awareness, enforce and reintegrate the family structure within the community, and reduce the family crisis/upheaval. The treatment will provide family-centered interventions to identify and address family dynamics and build competencies to strengthen family functioning in relationship to the consumer. Family treatment may take place without the consumer present in the room but service must be for the benefit of attaining the goals identified for the individual in their individual service plan. This service is provided by or under the supervision of a mental health professional.

3.4.9.5.2.4. Group Treatment Services: Services provided to assist in the attainment of goals described in the Individual Service Plan. Goals of Group Treatment may include developing self care and/or life skills, enhancing interpersonal skills, mitigating the symptoms of mental illness, and lessening the results of traumatic experiences, learning from the perspective and experiences of others and counseling/psychotherapy to establish and /or maintain stability in living, work or educational environment. Individuals eligible for Group Treatment must demonstrate an ability to benefit from experiences shared by others, demonstrate the ability to participate in a group dynamic process in a manner that is respectful of other's right to confidential treatment and must be able to integrate feedback from other group members. This service is provided by or under the supervision of a

mental health professional to two or more individuals at the same time. Staff to consumer ratio is no more than 1:12. Maximum group size is 24.

3.4.9.5.2.5. High Intensity Treatment: Intensive levels of service otherwise furnished under this State plan amendment that is provided to individuals who require a multi-disciplinary treatment team in the community that is available upon demand based on the individual's need. Twenty-four hours per day, seven days per week, access is required if necessary. Goals for High Intensity Treatment include the reinforcement of safety, the promotion of stability and independence of the individual in the community, and the restoration to a higher level of functioning. These services are designed to rehabilitate individuals who are experiencing severe symptoms in the community and thereby avoid more restrictive levels of care such as psychiatric inpatient hospitalization or residential placement.

The team consists of the individual, Mental Health Care Providers, under the supervision of a mental health professional, and other relevant persons as determined by the individual (e.g., family, guardian, friends, and neighbor). Other community agency members may include probation/parole officers, teacher, minister, physician, chemical dependency counselor, etc. Team member's work together to provide intensive coordinated and integrated treatment as described in the individual service plan. The team's intensity varies among individuals and for each individual across time. The assessment of symptoms and functioning will be continuously addressed by the team based on the needs of the individual allowing for the prompt assessment for needed modifications to the individual service plan or crisis plan. Team members provide immediate feedback to the individual and to other team members. The staff to consumer ratio for this service is no more than 1:15.

3.4.9.5.2.6. Individual Treatment Services: A set of treatment services designed to help a attain goals as prescribed an individual treatment plan. These services shall be congruent with the age, strengths, and cultural framework of the individual and shall be conducted with the individual, his or her family, or others at the individual's behest who play a direct role in assisting the individual to establish and/or maintain stability in his/her daily life. These services may include, developing the individual's self-care/life skills; monitoring the individual's functioning; counseling and psychotherapy. Services shall be offered at the location preferred by the individual. This service is provided by or under the supervision of a mental health professional.

3.4.9.5.2.7. Intake Evaluation: An evaluation that is culturally and age relevant initiated prior to the provision of any other mental health services, except crisis services, services, stabilization services and free-standing evaluation and treatment. The intake evaluation must be initiated within ten (10) working days of the request for services, establish the medical necessity for treatment and be completed within thirty (30) working days. Routine services may begin before the completion of the intake once medical necessity is established. This service is provided by a mental health professional.

3.4.9.5.2.8. Medication Management: The prescribing and/or administering and reviewing of medications and their side effects. This service shall be rendered face-to-face by a person licensed to perform such services. This service may be provided in consultation with collateral, primary therapists, and/or case managers, but includes only minimal psychotherapy.

3.4.9.5.2.9. Medication Monitoring: Face-to-face one-on-one cueing, observing, and encouraging an individual to take medications as prescribed. Also includes reporting back to persons licensed to perform medication management services. This activity may take place at any location and for as long as it is clinically necessary. This service is designed to facilitate medication compliance and positive outcomes. Individuals with low medication compliance history or persons newly on medication are most likely to receive this service. This service is provided by or under the supervision of a mental health professional.

3.4.9.5.2.10. Mental Health Clubhouse: A service specifically contracted by the RSN to provide a consumer directed program to individuals where they receive multiple services. These services may be in the form of support groups, related meetings, consumer training, peer support, etc. Consumers may drop in on a daily basis and participate, as they are able. Mental Health Clubhouses are not an alternative for day support services. Clubhouses must use the International Center for Clubhouse Development (ICCD) standards as guidelines. Services include the following:

3.4.9.5.2.10.1. Opportunities to work within the clubhouse, which contributes to the operation and enhancement of the clubhouse community.

3.4.9.5.2.10.2. Opportunities to participate in administration, public relations, advocacy and evaluation of clubhouse effectiveness.

3.4.9.5.2.10.3. Assistance with employment opportunities; housing, transportation, education and benefits planning.

3.4.9.5.2.10.4. Operate at least ten hours a week after 5:30 p.m., Monday through Friday, or anytime on Saturday or Sunday.

3.4.9.5.2.10.5. Opportunities for socialization activities.

3.4.9.5.2.11. Mental Health Services provided in Residential Settings: A specialized form of rehabilitation service (non hospital) that offers a sub-acute psychiatric management environment. Individuals receiving this service present with severe impairment in psychosocial functioning or has apparent mental illness symptoms with an unclear etiology due to their mental illness and treatment cannot be safely provided in a less restrictive environment and do not meet hospital admission criteria. Individuals in this service require a different level of service than High Intensity Treatment. The Mental Health Care Provider is sited at the residential location (e.g., boarding homes, supported housing, cluster housing, SRO apartments) for extended hours to provide direct mental health care. Therapeutic interventions both in individual and group format may include medication management and monitoring, stabilization, and cognitive and behavioral interventions designed with the intent to stabilize the individual and return him/her to more independent and less restrictive treatment. The treatment is not for the purpose of providing custodial care or respite for the family, nor is it for the sole purpose of increasing social activity or used as a substitute for other community-based resources. A minimum of 8 hours of service must be provided.

3.4.9.5.2.12. Peer Support: Services provided by peer counselors to individuals under the consultation, facilitation or supervision of a mental health professional who understands rehabilitation and recovery. This service provides scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Consumers actively participate in decision-making and the operation of the programmatic supports.

Self-help support groups, telephone support lines, drop-in centers, and sharing the peer counselor's own life experiences related to mental illness will build alliances that enhance the consumer's ability to function in the community. These services may occur at locations where consumers are known to gather (e.g., churches, parks, community centers, etc). Drop-in centers are required to maintain a log documenting identification of the consumer.

Services provided by peer counselors to the consumer are noted in the consumers' Individualized

Service Plan which delineates specific goals that are flexible tailored to the consumer and attempt to utilize community and natural supports. Monthly progress notes document consumer progress relative to goals identified in the Individualized Service Plan, and indicates where treatment goals have not yet been achieved.

Peer counselors are responsible for the implementation of peer support services. Peer counselors may serve on High Intensity Treatment Teams.

Peer support is available daily no more than four hours per day. The ratio for this service is no more than 1:20.

3.4.9.5.2.13. Psychological Assessment: All psychometric services provided for evaluating, diagnostic, or therapeutic purposes by or under the supervision of a licensed psychologist. Psychological assessments shall be culturally relevant; provide information relevant to a consumer's continuation in appropriate treatment; and assist in treatment planning within a licensed mental health agency.

3.4.9.5.2.14. Rehabilitation Case Management: A range of activities by the outpatient community mental health agency's liaison conducted in or with a facility. To be eligible, the individual must be in need of case management in order to ensure timely and appropriate treatment and care coordination. Activities include assessment for discharge or admission community to mental health care, integrated mental health treatment planning, resource identification and linkage, to mental health rehabilitative services, and collaborative development of individualized services that promote continuity of mental health care. These specialized mental health coordination activities are intended to promote discharge, to maximize the benefits of the placement, and to minimize the risk of unplanned readmission and to increase the community tenure for the individual. Services are provided by or under the supervision of a mental health professional.

3.4.9.5.2.15. Respite Care: A service to sustain the primary caregivers of children with serious or emotional disorders or adults with mental illness. This is accomplished by providing observation, direct support and monitoring to meet the physical, emotional, social and mental health needs of an individual consumer by someone other than the primary caregivers. Respite care should be provided in a manner that provides necessary relief to caregivers. Respite may be provided on a

planned or an emergent basis and may be provided in a variety of settings such as in the consumer or caregiver's home, in an organization's facilities, in the respite worker's home, etc. The care should be flexible to ensure that the individual's daily routine is maintained. Respite is provided by, or under the supervision of, a mental health professional.

3.4.9.5.2.16. Special Population Evaluation: Evaluation by a child, geriatric, disabled, or ethnic minority specialist that considers age and cultural variables specific to the individual being evaluated and other culturally and age competent evaluation methods. This evaluation shall provide information relevant to a consumer's continuation in appropriate treatment and assist in treatment planning. This evaluation occurs after intake.

3.4.9.5.2.17. Supported Employment: Services will include:

3.4.9.5.2.17.1. An assessment of work history, skills, training, education, and personal career goals.
3.4.9.5.2.17.2. Information about how employment will affect income and benefits the consumer is receiving because of their disability.
3.4.9.5.2.17.3. Preparation skills such as resume development and interview skills.
3.4.9.5.2.17.4. Involvement with consumers served in creating and revising individualized job and career development plans that include:

3.4.9.5.2.17.4.1. Consumer strengths
3.4.9.5.2.17.4.2. Consumer abilities
3.4.9.5.2.17.4.3. Consumer preferences
3.4.9.5.2.17.4.4.Consumer's desired outcomes

3.4.9.5.2.17.5. Assistance in locating employment opportunities that is consistent with the consumer's strengths abilities, preferences, and desired outcomes.
3.4.9.5.2.17.6. Integrated supported employment, including outreach/job coaching and support in a normalized or integrated work site, if required.
3.4.9.5.2.17.7. Services are provided by or under the supervision of a mental health professional.

3.4.9.5.2.18 Therapeutic Psychoeducation: Informational and experiential services designed to aid individuals, their family members (e.g., spouse, parents, siblings) and other individuals identified by the individual as a primary natural support, in the management of psychiatric conditions, increased knowledge of mental illnesses and understanding the importance of their individual plan of care. These services are exclusively for the benefit of the individual and are included in the Individual Service Plan.

The primary goal is to restore lost functioning and promote reintegration and recovery through knowledge of one's disease, the symptoms, precautions related to decompensation, understanding of the "triggers" of crisis, crisis planning, community resources, successful interrelations, medication action and interaction, etc. Training and shared information may include brain chemistry and functioning; latest research on mental illness causes and treatments; diagnostics; medication education and management; symptom management; behavior management; stress management; crisis management; improving daily living skills; independent living skills; problem-solving skills, etc.

Services are provided at locations convenient to the consumer, by or under the supervision of a mental health professional.

| 3.4.10. **State-funded Services Questions** | |
|---|---|
| **Score** | 3.4.10.1. The bidder provided a written description, including any existing policies and procedures that addressed how the Bidder will provide Crisis Services and Stabilization Services. The bidder described in detail how each service of these services will be provided including facilities, staffing and staff qualifications. The bidder provided sufficient narrative to illustrate the Bidders understanding of each service and understanding of the service requirements. |
| | |
| **Score** | 3.4.10.1. The bidder provided a written description, including any existing policies and procedures that addressed how the Bidder will provide Involuntary Treatment Act Services. The bidder described in detail how these services will be provided including facilities, staffing and staff qualifications. The bidder provided sufficient narrative to illustrate the Bidders understanding of the services and understanding of the service requirements. |
| | |
| **Score** | 3.4.10.1. The bidder provided a written description, including any existing policies and procedures that addressed how the Bidder will provide Ancillary Crisis Services. The bidder described in detail how these services will be provided including facilities, staffing and staff qualifications. The bidder provided sufficient narrative to illustrate the Bidders understanding of the services and understanding of the service requirements. |
| | |

| | |
|---|---|
| **Score** | 3.4.10.1. The bidder provided a written description, including any existing policies and procedures that addressed how the Bidder will provide Freestanding Evaluation & Treatment Services and Psychiatric Inpatient Services. The bidder described in detail how each service of these services will be provided including facilities, staffing and staff qualifications. The bidder provided sufficient narrative to illustrate the Bidders understanding of each service and understanding of the service requirements. |
| | |
| **Score** | 3.4.10.1. The bidder provided a written description, including any existing policies and procedures that addressed how the Bidder will provide Medicaid Personal Care. The bidder described in detail how these services will be provided including facilities, staffing and staff qualifications. The bidder provided sufficient narrative to illustrate the Bidders understanding of the service and understanding of the service requirements. |
| | |
| **Score** | 3.4.10.2. The Bidder provided sufficient information to demonstrate how the Additional State-funded Services as described in the Requirements will be provided, including facilities, staffing, and staff qualifications. The Bidder provided sufficient narrative to illustrate the Bidders understanding of the service requirements. The Bidder described in detail the methodology for selecting each of the Additional State-funded services to be provided in the service areas. |
| | |

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|---|---|
| **Score** | 3.4.10.3. The Bidder provided sufficient narrative and budget detail to fully describe how the Bidder will allocate and prioritize State only funding, local funding and services. The bidder fully explained the rational and methodology for decisions on allocation and prioritization of state only funding. |

## 3.4.11. Customer Service Requirements

The RSN shall provide Customer Service that is customer friendly, flexible, proactive, and responsive to consumers, families, and stakeholders. Customer Service staff shall:

3.4.11.1. Answer customer service lines via both local and toll free numbers from 8:00 a.m. until 5:00 p.m. Monday through Friday, state holidays excluded.

3.4.11.2. Respond to benefits, claims, and other inquiries or complaints and assist consumers, family members and stakeholders in a manner that resolves their inquiry, including the ability to respond to those with limited English proficiency or the hearing impaired.

3.4.11.3. Log all calls and arrange for appropriate follow-up, including notification of the consumer of the resolution consistent with the requirements specified in the PIHP and the State-funded contracts.

3.4.11.4. The RSNs shall train customer services staff to distinguish between a complaint, Third Party Insurance issue, Appeals and Grievances, information requests and how to triage these to the appropriate party. Call logs shall at a minimum track date of call, type of call, and resolution.

| 3.4.12. Customer Services Questions | |
|---|---|
| **Score** | 3.4.12.1. The Bidder provided information that demonstrated that customer service calls will be answered during business hours. It is clear in the information provided whether or not there will be an automated attendant and how many choices the caller will be offered (i.e., potential buttons to press) before speaking with a staff member. The Bidder provided evidence that there will be a clear process in place for consumer services staff to handle urgent and emergent calls that need to be directed to a crisis line or care manager. |
| | |
| **Score** | 3.4.12.2. The required qualifications of staff that will be providing customer services (i.e., degree, type of experience, and years of experience) appear sufficient to meet the requirements. |
| | |
| **Score** | 3.4.12.3. The Bidder provided sufficient evidence that requests from individuals with limited English proficiency and the hard of hearing will be handled appropriately. |
| | |

| | |
|---|---|
| **Score** | 3.4.12.4. The Bidder provided information on the expected frequency of contacts by enrollees or others, and a rationale for the staffing plan to provide this service. |
| | |
| **Score** | 3.4.12.5. The Bidder provided procedures that will be in place to monitor the performance of customer services staff (e.g., live call monitoring, telephone statistics, etc.). |
| | |
| **Score** | 3.4.12.6. The Bidder described the scope of the delegated Customer Services function(s) or process(es).The Bidder provided copies of subcontracts with any delegated entity; and addressed how the Bidder will provide oversight of the delegated entity. Customer Services must not be delegated to an entity contracted with the Bidder to provide community mental health services. |
| | |
| **Score** | 3.4.12.7. The Bidder provided a methodology for measuring and reporting outcomes for Customer Services. |
| | |

**EXHIBIT F - Scoring Tool**

Regional Support Network RFP
Quality Section
Scoring Tool

Instructions to Evaluators:

- Each question in this section should receive a score of 1 – 10 points in accordance with the definitions below
- Scores should be whole numbers and not use any decimals

| Score | Description | Discussion |
|---|---|---|
| 0 | No value | The Bidder has omitted any discussion of this requirement or the information provided is of no value. |
| 1-3 | Substantially Below Minimum Requirements | The Bidder has not established the capability to perform the requirement, has marginally described its approach, or has simply restated the requirement. |
| 4-5 | Below Minimum Requirements | The Bidder has established some capability to perform the requirement but descriptions regarding their approach are not sufficient to demonstrate the bidder will be fully able to meet the minimum requirements. |
| 6-7 | Meets Minimum Requirements | The Bidder has an acceptable capability of solution to meet this criterion and has described its approach in sufficient detail to be considered “as substantially meeting minimum requirements”. |
| 8-9 | Exceeds Minimum Requirements | The Bidder has demonstrated an above-average capability, approach, or solution and has provided a complete description of the capability, approach, or solution. |
| 10 | Far Exceeds Minimum Requirements | The Bidder has provided an innovative, detailed, efficient approach or established, by presentation of material, far superior capability in this area. |

Evaluator: _____

## 3.5.1. **Eligibility Verification and Determination Requirements**

3.5.1.1. DSHS shall determine eligibility for Title XIX services and provide eligibility data to the RSN.

3.5.1.2. The RSN must have processes to verify eligibility for Title XIX and to determine eligibility for State-funded services.

3.5.1.3. The RSN must have a subcontract or agreement that outlines deliverables for any delegated functions. The RSN must demonstrate how delegated functions will be monitored.

| 3.5.2. **Eligibility Verification And Determination Questions** | |
|---|---|
| **Score** | 3.5.2.1. Bidder described in detail the process that will be used for verifying Medicaid eligibility for Title XIX waiver services. Bidder included proposed samples of any documentation that will be used in the consumer record. |
| | |
| **Score** | 3.5.2.2. Bidder described in detail the process that will be used to determine the amount and duration and scope of State-funded mental health services that will be offered when an individual requests services, this must include the decision points used for providing any of the State-funded services including a financial resources review. Bidder provided samples of any documentation used in the consumer record. |
| | |

### 3.5.3. **Clinical Guideline Requirements**

The RSN's care management program shall adopt and disseminate both Clinical Practice Guidelines and Level of Care Guidelines. Access to Care Standards shall be used to authorize care based on medical necessity. Level of Care Guidelines shall be used to determine continuation and discharge following an exhaustion of initial authorization period. Clinical Practice Guidelines are distinct from Level of Care Guidelines and describe treatment protocols that are evidenced-based (e.g., has a preponderance of research-based evidence demonstrating their utility in driving positive clinical outcomes). An example of a Clinical Practice Guideline would be depression treatment guidelines. The

RSN's care management program shall authorize care using both Access to Care Standards and Level of Care Guidelines and, where available, Clinical Practice Guidelines that meet the following professional standards:

3.5.3.1. Levels of Care (LOC) Guidelines are based on published or peer reviewed standards. The RSN shall also incorporate the MHD's Access to Care Standards (4-07-03) in the guidelines, including the eligibility criteria for enrollee access to outpatient mental health services. Guidelines must include continuing stay and discharge criteria. The RSN must define the benefit period or length of stay and the intensity of service available for each treatment modality.

3.5.3.2. The RSN must adopt and disseminate at least two Clinical Practice Guidelines that are:

- 3.5.3.2.1. Based on valid and reliable research-based clinical evidence demonstrating their utility in driving positive clinical outcomes or reflecting promising practices.
- 3.5.3.2.2. Reflect a consensus of national mental health professionals.
- 3.5.3.2.3. Are adopted in consultation with mental health professionals in the contracted network of CMHAs, when applicable.
- 3.5.3.2.4. Are reviewed and updated biennially.
- 3.5.3.2.5. Are disseminated to all affected providers and, upon request, to enrollees.
- 3.5.3.2.6. Are applied in the administration of utilization management protocols, enrollee education and provider training.

| **3.5.4 Clinical Guideline Questions** | |
|---|---|
| **Score** | 3.5.4.1. Bidder provided a copy of the proposed Level of Care Guidelines that addressed the requirements in section 3.5.3.1. |
| | |
| **Score** | 3.5.4.2 & 3.5.4.3 (*Note: these two questions will be evaluated as one*.)<br>Bidder provided a copy of the proposed Clinical Practice Guidelines that will be adopted and implemented and the source (e.g., adopted APA published guideline for depression treatment, developed internally) that addressed the requirements of section 3.5.3.2. For any guideline that was not planned to be adopted in full from a nationally recognized source, bidder provided supporting documentation to reflect that the guideline is evidenced-based, research-based, consensus-based or a promising practice and briefly describe the development of the Practice Guideline. |
| | |
| **Score** | 3.5.4.4. Bidder described steps it will take to disseminate and apply each Clinical Practice Guideline listed above. |
| | |

### 3.5.5. Provider Network Requirements

3.5.5.1. The RSN shall have a provider network for both Title XIX and State-funded services for each Service Area proposed. The network shall be based on a continuous analysis of need. The RSN shall develop an annual network management plan.

3.5.5.2. The network must be sufficient in size, scope and types of providers to offer all Title XIX and State-funded program, covered mental health services required by this RFP and fulfill all the service delivery requirements contained within the, attached PIHP and State-funded Contracts (Exhibits B and C) and State law. The RSN shall, at a minimum, consider the following factors in establishing the network:

3.5.5.2.1. Current and anticipated Title XIX eligibles.
3.5.5.2.2. Current and anticipated Title XIX mental health enrollment data.
3.5.5.2.3. Current and anticipated State-funded data on eligibility and enrollment.
3.5.5.2.4. Current and anticipated utilization of services.
3.5.5.2.5. Cultural needs of mental health services recipients.
3.5.5.2.6. Number of CMHAs who are not accepting new persons.
3.5.5.2.7. Geographic location of providers, considering distance, travel time, the available transportation and whether the location provides physical access for persons with disabilities.
3.5.5.2.8. Prevalent language(s), including sign language, spoken by populations in the regional Service Area.
3.5.5.2.9. Quality management data, including but not limited to appointment standards data, and problem resolution.
3.5.5.2.10. Client Satisfaction Surveys.
3.5.5.2.11. Compliant, grievance and appeal data.
3.5.5.2.12. Reports of issues, concerns, or requests initiated by other State agencies that have involvement with persons covered under this RFP.
3.5.5.2.13. Other demographic data.

3.5.5.3. The network must have a sufficient number of provider types or services to:

3.5.5.3.1. To ensure a sufficient number, mix, and geographic distribution of community mental health agencies (CMHAs) including mental health care providers (MHCPs) to meet:

3.5.5.3.1.1. An age appropriate range of mental health services for children, adolescents, adults and older adults.
3.5.5.3.1.2. A culturally-competent range of services to meet the needs of special populations.

3.5.5.3.1.3. Access to medically necessary mental health services to meet the needs of the anticipated number of enrollees.

3.5.5.3.2. To ensure enrollee choice of at least two Mental Health Care Providers (MHCP) for each level of care and/or population (adult/child). An enrollee who has received authorization from the RSN for referral to a network hospital for community inpatient care shall be allowed to choose from among all the available hospitals within the region, to the extent reasonable and appropriate.

3.5.5.4. The RSN must be available to respond to referral and authorization requests 24 hours per day, 7 days per week.

3.5.5.5. The RSN must provide access to treatment within the following standards:

3.5.5.5.1. Immediate/Emergent: within two hours of the request for service
3.5.5.5.2. Urgent: within 24 hours of the initial request for service
3.5.5.5.3. Intake: within 10 days of the initial request for services for Medicaid enrollees.
3.5.5.5.4. Authorization: within 14 days of the initial request for services
3.5.5.5.5. Routine: within 14 days of authorization not to exceed 28 days from the initial request for services

3.5.5.6. The network must be geographically accessible to the Service Area served by the RSN and the RSN must ensure that, when enrollees must travel to service sites, they are accessible per the following standards:

3.5.5.6.1. In rural areas, service sites are within a 30-minute commute time.
3.5.5.6.2. In large rural geographical areas, service sites are accessible within a 90-minute commute time.
3.5.5.6.3. In urban areas, service sites are accessible by public transportation with the total trip including transfers, scheduled not to exceed 90 minutes each way.
3.5.5.6.4. These travel standards do not apply for psychiatric inpatient services when the enrollee chooses to use comparable service sites that require travel beyond the travel standards, or for exceptional circumstances (e.g., inclement weather, hazardous road conditions due to accidents or road construction, public transportation shortages, delayed ferry service).

3.5.5.7. The RSN must provide services, including crisis telephone services, in the person's primary or preferred language. Interpreters, whenever possible, should have training in mental health terminology to provide the person with assistance in describing the signs and symptoms of mental illness and protect the person's confidentiality.

3.5.5.8. The RSN must ensure that adolescent consumers reaching the age of majority are provided continuity of care without service disruptions or mandatory changes in service providers.

3.5.5.9. The RSN must allow children and parents to choose to receive services from the same provider when appropriate.

3.5.5.10. The RSN must recruit consumers and family members as certified peer counselors or to provide other services.

| 3.5.6. Provider Network Questions | |
|---|---|
| **Score** | 3.5.6.1. Bidder described the needs analysis process the Bidder will use to determine network adequacy for children, adolescents, adults, older adults and special populations. |
| | |
| **Score** | 3.5.6.2. Bidder provided a copy of the Bidder's proposed network management plan. Bidder discussed in detail how age, gender, and cultural needs of the population are addressed in the plan. |
| | |

**Score**

3.5.6.3. Bidder indicated the unduplicated number of beds the Bidder is proposing for the network in each of the following breakouts. The bidder included beds expected to be within the contracted Service Area and outside the contracted Service Area. Using the format below, the bidder counted each bed only once and included only those for which there will be formal written agreements or that will be operated by the Bidder:

| Types of Residential Facilities | Number of Beds in Service Area | Number of Beds Outside the Service Area |
|---|---|---|
| Crisis (including respite and stabilization beds) | | |
| Long Term Psychiatric Rehabilitation (e.g. Adult Residential Rehabilitation Centers) | | |
| Supervised Living (on site staffing 24/7, e.g. boarding homes, Adult Family Homes) | | |
| Supported Housing (on site staffing less than 24/7, unlicensed individual or group settings) | | |
| Other (Specify) | | |

**Score**

3.5.6.4. Bidder described the needs analysis process the Bidder will use to determine network adequacy for types of residential beds and inpatient services.

**Score**

3.5.6.5. Bidder provided Name, Address and Hours of Operation for Clubhouses that will participate in the network.

| | |
|---|---|
| **Score** | 3.5.6.6. Bidder provided a geo-access calculation which reported the distance of potential providers to consumers by zip code; or as an alternative, the Bidder listed the number and type of potential providers (e.g., CMHA, hospital, clubhouse) and the number of consumers by zip code. Bidder identified zip codes that do not meet the access standards identified in the Provider Network Requirements Section and discussed: 1) barriers to locating or contracting with providers in areas that do not meet the access standards; and (2) strategies to expand provider coverage in those areas. |
| | |
| **Score** | 3.5.6.7. Bidder described its approach to recruiting and tracking the availability of an adequate number of providers to deliver services, including crisis telephone services, in the person's primary or preferred language. Bidder discussed how the availability of qualified interpreters is monitored. |
| | |
| **Score** | 3.5.6.8. Bidder described how consumers and family members will be recruited as peer support providers or to provide other services. |
| | |

| | |
|---|---|
| | |
| **Score** | 3.5.6.9. Bidder described how it will ensure that adolescent consumers reaching the age of majority are provided continuity of care without service disruptions or mandatory changes in service providers. |
| | |
| **Score** | 3.5.6.10. Bidder described how it will facilitate access to the same CMHA or provider for children and parents when appropriate. |
| | |

3.5.7. **Care Management Requirements**

3.5.7.1. For the purposes of this RFP, care management pertains to a set of clinical management oversight functions that shall be performed by the RSN. Care management focuses on access, referrals, oversight of care coordination, utilization review, resource management, risk management, and quality improvement. Resource management functions are part of care management. The goals of care management are to promote access to appropriate services; to continuously improve quality of care; and to manage resources efficiently. Care management functions are distinct from case management services and may not be delegated to a network CMHA.

3.5.7.2. The RSN shall have a psychiatric medical director (subcontracted or staff) and sufficient care managers to carry out essential care management functions including provision of:

3.5.7.2.1. The planning, coordination, and authorization of residential services and community support services, including authorization for intake evaluation.
3.5.7.2.2. The planning, coordination, and authorization for Mental Health treatment for children eligible under the federal Title XIX Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program.
3.5.7.2.3. Ensure the availability of crisis plan and provider of record 7 days a week, 24 hours a day to Designated Mental Health Professionals (DMHPs), evaluation and treatment facilities, and others as determined by the RSN.
3.5.7.2.4. Authorization 24 hours a day, 7 days a week for voluntary community inpatient hospitalization. Authorizations must occur within 12 hours of the request.
3.5.7.2.5. Utilization management including review of requested services against medical necessity criteria, authorization of necessary care, and administration of denials and appeals including access to expedited appeals.
3.5.7.2.6. Review of assessment and treatment services against clinical practice standards. Standards of practice include, but are not limited to, evidenced based practice guidelines, discharge planning guidelines, and community standards governing activities such as coordination of care among treating professionals and other consumer serving agencies.
3.5.7.2.7. Risk Management, including high risk case tracking and follow-up and tracking compliance with 7- and 30-day outpatient follow-up appointments for consumers discharged from inpatient care.

| 3.5.8. Care Management Questions | |
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| **Score** | 3.5.8.1. Bidder provided a narrative description of how the care management functions will be organized and staffed in accordance with the requirements in section 3.5.7. |
| | |
| **Score** | 3.5.8.2. Bidder provided an organizational chart for care management functions that included number of staff in full time equivalents (FTE) by staff category and primary reporting relationships and an adequate rationale for the staffing plan. |
| | |
| **Score** | 3.5.8.3. Bidder provided a description of the role of the psychiatric medical director and demonstrated sufficient hours and availability of the medical director and other psychiatrists to review inpatient care authorization/denials and complex clinical issues. |
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| **Score** | 3.5.8.4. Bidder provided a description of the qualifications, including minimum degrees and years of experience, of care management staff including the staff who will answer the Care Management line. Qualifications, experience and oversight of care management demonstrates sufficient clinical expertise in performing the required functions. |
| | |
| **Score** | 3.5.8.5. Bidder provided a description of the initial orientation and ongoing training protocols that will be in place for care management staff. |
| | |
| **Score** | 3.5.8.6. Bidder provided a description of protocols that will be in place for monitoring the performance of care management staff, including live call monitoring, documentation audits, caseload reports, etc. |
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| **Score** | 3.5.8.7. Bidder provided a description of how outcomes for the requirements will be measured and reported. |
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| **Score** | 3.5.8.8. Bidder described, if applicable, the scope of the delegated care management function(s) or process(es) and provided copies of subcontracts with the delegated entity. Bidder demonstrated how oversight of the delegated entity providing care management functions will be provided. |
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3.5.9. Access Requirements

The RSN shall:

3.5.9.1. Provide access to telephonic assessment and referral services provided by appropriately qualified care management staff via both local and toll free numbers.

3.5.9.3. Arrange for access to emergent crisis services 24 hours per day, 7 days per week.

3.5.9.4. Arrange for access to urgent services within 24 hours of a request for services.

3.5.9.5. Arrange for an intake evaluation for routine services within 10 business days of a request for services.

3.5.9.6. Persons eligible for State-funded mental health services shall receive an intake evaluation based on assessment of need and available resources.

3.5.9.7. Track the Care Management access and referral line, including the volume of calls, call responsiveness statistics, and number of referrals by category of service.

3.5.9.8. Have methods to monitor compliance with access requirements, including:

- 3.5.9.8.1. Number of Title XIX eligible persons who request services.
- 3.5.9.8.2. Number of Title XIX eligible persons who receive an intake.
- 3.5.9.8.3. Number of persons who meet medical necessity for Title XIX services.
- 3.5.9.8.4. Number of Title XIX persons who meet medical necessity criteria and are referred to Title XIX or waiver services, following intake.
- 3.5.9.8.5. Number of persons who request State-funded mental health services.
- 3.5.9.8.6. Number of persons who are authorized for State-funded mental health services.
- 3.5.9.8.7. Length of time between the initial request and first offered appointment for an intake evaluation and length of time between the intake and first routine follow-up appointment.
- 3.5.9.8.8. Availability of crisis services 24 hours a day, 7 days a week, including access to Designated Mental Health Professionals for Involuntary Treatment evaluations.

| 3.5.10. Access Questions | |
|---|---|
| **Score** | 3.5.10.1. The Bidder will have a process in place for scheduling and authorization for intake evaluations and referrals of Title XIX persons. The Bidder provided a flow chart of the processes that demonstrates Medicaid services will be accessed and authorized. |
| | |
| **Score** | 3.5.10.2. The Bidder will have a referral process that will be in place for intake evaluation and authorization for State-funded mental health services. The Bidder provided a flowchart of the processes that demonstrates how State funded services will be accessed and authorized. |
| | |
| **Score** | 3.5.10.3. The Bidder provided details about the Care Management Line that included the following information:<br>• Will the Care Management Line have an automated attendant?<br>• If yes, how many choices is the caller offered (i.e., potential buttons to press) before speaking with a staff member? |
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| **Score** | 3.5.10.4. The Bidder demonstrated how oversight of the intake process, including reports on intakes and referrals and protocols for monitoring the performance of access and referral staff (e.g., live call monitoring) will be provided. The oversight was sufficient to meet the requirements in section 3.5.7. |
| | |
| **Score** | 3.5.10.5. The process for managing emergency calls to the Bidder after business hours allows for the transfer of crisis calls to the crisis program without losing contact with the caller. |
| | |
| **Score** | 3.5.10.6. The Bidder provided information about clinical staff that will be available on-site to Care Management staff or via pager or telephone during business hours that demonstrated adequate clinical oversight of care management functions. The Bidder demonstrated that a process will be in place to monitor the availability of Care Management staff. |
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**EXHIBIT F - Scoring Tool**

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| **Score** | 3.5.10.7. Bidder provided a description of clinical back-up available to the Care Management staff (e.g., for supervisory or medical consultation) and demonstrated adequate clinical back-up to meet the requirements of section 3.5.9. |
| | |
| **Score** | 3.5.10.8. Bidder provided a description of outcomes that will be measured and reported in accordance with the requirements in section 3.5.9. |
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3.5.11. **Authorization and Utilization Management Requirements**

3.5.11.1. The RSN Care Management system shall have a unified method of authorization and utilization management for title XIX and State-funded Services. Authorization and utilization management functions may not be delegated to a network CMHA.

3.5.11.2. The RSN must have a process for the determination of medically necessary mental health services by a Mental Health Professional.

3.5.11.3. The RSN must have a process for review of treatment plan to:

3.5.11.3.1. Ensure it meets the needs of the individual.
3.5.11.3.2. Is consistent with Level of Care and applicable Clinical Practice Guidelines.
3.5.11.3.3. Includes consumer participation in the treatment planning process.
3.5.11.3.4. Involves family members, when appropriate, in the evaluations and service planning processes.
3.5.11.3.5. Includes input from other health, schools, social service, and justice agencies, as appropriate and consistent with privacy requirements.

3.5.11.4. The RSN must have a process for authorization of care following:

3.5.11.4.1. Intake assessment
3.5.11.4.2. Utilization review for continuing stay

3.5.11.5. The RSN must have a process for review by a licensed, Board-certified psychiatrist of pending denials of inpatient care prior to issuing the denial.

3.5.11.6. The RSN's policies and procedures for issuing a service denial must include:

3.5.11.6.1. Timeliness of notification.
3.5.11.6.2. Verbal and written notification.
3.5.11.6.3. Notification of appeal rights.
3.5.11.6.4. Review of all denials of all community inpatient services by a licensed, Board-certified psychiatrist.

3.5.11.7. The RSN's policies and procedures for conducting appeals must include: Physician review of all inpatient appeals and a MHP review of all other appeals.

3.5.11.8. The RSN shall have a written Utilization Management (UM) Plan that is consistent with federal requirements and which includes mechanisms to detect under utilization as well as over utilization of services.

3.5.11.8.1. UM Plan must address historical use of resources, projections of future need, and clinical management goals. Clinical management goals include the substitution of evidence-based, consensus-based, or promising practices, or other services that impact the use of high cost inpatient care by assisting the enrollee with recovery and symptom management.

3.5.11.8.2. The UM Plan shall have separate sections for Title XIX resources and State resources. The RSN shall actively monitor and analyze utilization and cost data for covered services by provider and program type.

3.5.11.9. The RSN shall have a routine process for comparing actual utilization to the UM Plan. The goals of this comparison are to assess how funds are utilized, to identify clinical interventions that may reduce inappropriate use of high cost services, and to track the availability of Title XIX and State resources throughout the contracts period of performance.

| 3.5.12. Authorization And Utilization Management Questions | |
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| Score | 3.5.12.1 Bidder provided a written description, which may have included policies and procedures, addressing the process to determine medically necessary mental health services and authorization of care specifically addressing which services will require prior authorization. |
| | |
| Score | 3.5.12.2 Bidder provided a written description, that may have included policies and procedures, addressing the process to determine medically necessary mental health services and authorization of care specifically addressing protocols for concurrent review for **each level of care** and included in the description:<br>3.5.12.2.1. Whether reviews are paper-based, telephonic, or utilize on-line technologies or electronic submission of required review information.<br>3.5.12.2.2. Type of information collected during the review process?<br>3.5.12.2.3. Triggers for a review (acuity, diagnosis, number of days, etc.).<br>3.5.12.2.4. How the bidder will select cases for outpatient concurrent review, including a description of any clinical algorithms and/or automated technologies that allow for streamlined administration of the outpatient review process. |
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| Score | 3.5.12.3 Bidder provided a written description, that may have included policies and procedures, addressing the process to determine medically necessary mental health services and authorization of care demonstrating how the Bidder will ensure consistent application of review criteria for authorization and continued stay decisions and described the Bidders protocols that will be in place for monitoring utilization management decisions to ensure inter-rater reliability across reviewers. Bidder addressed each of the following in their description:<br>3.5.12.3.1. Provided copies of formal tools that will be used for monitoring purposes.<br>3.5.12.3.2. Described how cases will be selected for monitoring review.<br>3.5.12.3.3. Indicated the expected frequency and volume of reviews for each Care Manager.<br>3.5.12.3.4. Indicated who will conduct the monitoring activities, and how the monitoring team will be trained to conduct these reviews.<br>3.5.12.3.5. Described how feedback will be summarized and provided to reviewers, including corrective actions, if indicated. |
| | |
| Score | 3.5.12.4 Bidder provided a written description, which may have included policies and procedures, addressing the process to determine medically necessary mental health services and authorization of care specifically addressing referrals to psychiatrists or senior clinicians for review of authorization decisions for reasons other than issues of medical necessity. (For example, the Care Manager may have questions about the diagnosis and relevance of the proposed treatment.) Description included the list of reasons for referral and the process for referral and completion of the consult. The process included a description of :<br>• how cases are selected for senior clinician review;<br>• information that is presented to the clinician;<br>• documentation requirements following the consult; and,<br>• how the Bidder will ensure that recommendations are implemented during the care management process. |
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| Score | 3.5.12.5 Bidder provided a written description, that may have included policies and procedures, addressing the process to determine medically necessary mental health services and authorization of care specifically addressing how consumers will be notified of the services for which they are eligible and how the Bidder will facilitate the following:<br>3.5.12.5.1. Notification of the consumer of their determined level of care, how medical necessity was determined, and the services available within that level of care.<br>3.5.12.5.2. Consumer participation in decisions concerning their treatment options.<br>3.5.12.5.3. Consumer choice of services and MHCPs. |
| | |
| Score | 3.5.12.6 Bidder provided a copy of a proposed UM Plan consistent with requirements in section 3.5.11.8 and which described the Bidders projected use of resources, how UM decisions will be made including utilization monitoring activities, and UM reporting. |
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| Score | 3.5.12.7. Bidder provided copies of sample reports that may be used in UM planning which demonstrate utilization management will be provided in accordance with the requirements in section 3.5.11.8. |
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| Score | 3.5.12.8. Bidder provided samples of expected typical UM activities or actions which demonstrate utilization management will be provided in accordance with the requirements in section 3.5.11.8. |
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| Score | 3.5.12.9. Bidder described how outcomes for the requirements will be measures and reported. |
| | |
| Score | 3.5.12.10. If any of these requirements are intended to be delegated, bidder described the scope of the delegated function(s) or process(es); provided copies of the subcontracts with the delegated entity; and sufficiently addressed how the RSN will provide oversight of the delegated entity. |
| | |

3.5.13. **Grievance System - Appeals, Grievances and Fair Hearings Requirements**

The RSN shall operate a Grievance System, which shall include a process to appeal a notice of action **for Title XIX only**, a grievance process and access to the State's fair hearing process that meets standards of Washington Administrative Code (WAC) 388-865-0255 and 42 CFR 438 Subpart F, including:

3.5.13.1. A grievance process, an appeal process, and access to the State's fair hearing process.

3.5.13.2. Monitoring to verify that the grievance system is used consistently throughout the entire Service Area.

3.5.13.3. Allowance for a representative of the consumer to assist or act on their behalf in filing and pursuing complaints, grievances, and fair hearings if the requested by the consumer.

3.5.13.4. Provisions for consumer access to Ombuds services to assist in addressing complaints, grievances, appeals and fair hearings.

3.5.13.5. Protocols for issuing a service denial, including requirements governing:
- 3.5.13.5.1. Basis of determination of decisions
- 3.5.13.5.2. Timeliness of notification of decisions
- 3.5.13.5.3. Verbal and written notification.
- 3.5.13.5.4. Notification of rights specific to Title XIX and State-funded programs under WAC 388-865-0410.
- 3.5.13.5.5. Review of all denials of inpatient services by a licensed, Board-certified psychiatrist.

3.5.13.6. A process for conducting appeals.

3.5.13.7. Qualified clinicians who can conduct appeals; minimum requirement for MHP.

3.5.13.8. Notice that a consumer or his or her representative may request a State Fair Hearing within 20 days of notice of disposition of an appeal, for Title XIX, or a grievance.

3.5.13.9. Notice that a consumer may also file a request for a Fair Hearing at any time if he/she believes there has been a violation of the Washington Administrative Code.

| 3.5.14. **Grievance System - Appeals, Grievances And Fair Hearings Questions** | |
|---|---|
| Score | 3.5.14.1. Bidder provided a written description that may include policies and procedures that addressed the Grievance System which included an appeals process for Title XIX enrollees, and grievance and fair hearing processes for all consumers including:<br><br>3.5.14.1.1. The system that will be in place that includes a grievance process, an appeal process, and access to a State Fair Hearing.<br>3.5.14.1.2. The grievance system that will be used consistently through the entire Service Area.<br>3.5.14.1.3. Allowances for a representative of the consumer to act on his or her behalf in filing and pursuing complaints, grievances, appeals and Fair Hearings at the consumer's request.<br>3.5.14.1.4. Provisions for consumer access to Ombuds services to assist in addressing complaints, grievances appeals and fair hearings. |
| | |
| Score | 3.5.14.2. Bidder provided a written description that may include written policies and procedures that addressed the Bidders expected protocols for issuing a service denial, including requirements governing:<br>3.5.14.2.1. Basis for the determination<br>3.5.14.2.2. Timeliness of notification of decision.<br>3.5.14.2.3. Verbal and written notification.<br>3.5.14.2.4. Notification of rights specific to Title XIX and State-funded programs under WAC 388-865-0410<br>3.5.14.2.5. Review of all denials of inpatient services by a licensed, Board-certified psychiatrist. |
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| Score | 3.5.14.3. Bidder provided a written description that may include written policies and procedures that addressed the Bidders expected appeals process. |
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| Score | 3.5.14.4. Bidder provided the qualifications of clinicians who will conduct appeals. |
| | |
| Score | 3.5.14.5. Bidder described how they will provide notice that a consumer or his or her representative may request a Fair Hearing within 20 days of notice of disposition of a grievance or appeal, for Title XIX, by a PIHP if the disposition is not favorable to the consumer. Bidder described how a consumer will be notified of the right to file a request for a Fair Hearing at any time if the consumer believes there has been a violation of the Washington Administrative Code. |
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| Score | 3.5.14.6. Bidder described how outcomes for the requirements will be measured and reported. |
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**EXHIBIT F - Scoring Tool**

## 3.5.15. Care Coordination Requirements

The RSN's shall provide the following care coordination activities:

3.5.15.1. Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Arrange for medically necessary mental health services for children under 21 eligible for EPSDT, Medicaid's preventative health screening program for children under the age of 21. The RSN shall incorporate the following requirements into its care management, network management, and quality management activities:

3.5.15.1.1. Provide a mental health intake evaluation by a qualified children's mental health specialist.

3.5.15.1.2. Implement criteria for determining the appropriate level of medically necessary services in accord with the following levels from the Access to Care Standards:

3.5.15.1.2.1. Level I Services: Children who have a minimal need for services will be referred to Level I services or multiple agency services.

3.5.15.1.2.2. Level II Services: Children who are priority population children, in need of intensive services and involved with more than one service system, will be referred to Level II for comprehensive children's mental health services. Level II services consist of longer term intensive community-based options, integrated across all services.

3.5.15.1.2.3. Provide EPSDT care/resource managers to promote access to EPDST funded mental health services; to coordinate care between physicians and mental health professionals, and juvenile justice, K - 12 education child welfare staff, and foster care regarding EPSDT services; and to reduce fragmentation and duplication of efforts among child serving systems; and to control costs.

3.5.15.2. High Risk Consumers: Monitoring follow-up activities of the CMHA or MHCP for high risk consumers who do not appear for scheduled appointments; for individuals for whom a crisis services has been provided as the first service in order to facilitate engagement with ongoing care; and for individuals discharged from 24-hour care in order to facilitate engagement in ongoing care following discharge.

3.5.15.3. Frequent Users of Crisis, Emergency Room and Inpatient Services: Provide intensive care coordination for consumers who are frequent users of crisis services, the emergency room or have more than one inpatient or evaluation and treatment admission within 60 days. Intensive care coordination includes, for example, increased oversight of clinical intervention strategies and/or the inpatient setting to community transition plan.

3.5.15.4. Primary Care and Emergency Room: Coordination of care with each enrollee's primary care provider (PCP) and emergency rooms utilized by consumers. If the individual does not have a source of primary care, provide them assistance in accessing primary care.

3.5.15.5. Special Populations: Coordination of care for the following special populations as identified in WAC 388-865-0150:

3.5.15.5.1. Children
3.5.15.5.2. Older adults
3.5.15.5.3. Ethnic minorities
3.5.15.5.4. Persons with disabilities in addition to mental illness.

3.5.15.6. Inpatient and Community Care: Oversight of the coordination of psychiatric hospital and evaluation and treatment facility admissions and discharges, including discharge planning that meet the following requirements:

3.5.15.6.1. Implement mechanisms that promote rapid and successful reintegration of consumers to the community from hospitals and evaluation and treatment facilities. The RSN must monitor these mechanisms for effectiveness and demonstrate how the monitoring activities are used to promote continuity of care and quality improvement in the service delivery.

3.5.15.6.2. Maintain an In-Residence Census (IRC) in the State Hospital facilities not to exceed the capacity funded by the legislature, and computed for the RSN by DSHS.

3.5.15.6.3. Assure contact with staff occurs within 3 working days of a voluntary or involuntary admission and participation in treatment and discharge planning with the staff, includes:

3.5.15.6.3.1. Participation throughout the admission to assist with appropriate and timely discharge for all individuals regardless of diagnosis.
3.5.15.6.3.2. Coordination with staff to develop appropriate community placement and treatment service plans.
3.5.15.6.3.3. Designation of a CMHA that has the primary responsibility to coordinate outpatient and residential services to be provided to the individual based on medical necessity and available resources. The assigned CMHA must offer, at minimum, one follow-up service within 7 days from discharge and one follow-up service within 30 days of discharge.

3.5.15.6.4. Monitor for effectiveness of the above activities and demonstrate how the monitoring is used to promote continuity of care and quality improvement in the service delivery.

3.5.15.6.5. Respond to State hospital census alert notifications by using best efforts to divert State psychiatric hospital admissions and expediting discharges from the State psychiatric hospital using alternative community resources and mental health services.

3.5.15.6.6. The RSN must respond to requests for monitoring, authorization, coordination and ensuring provision of medically necessary mental health outpatient services to individuals who are:

3.5.15.6.6.1. On a Less Restrictive Alternative court order in accordance with RCW 71.05.320
3.5.15.6.6.2. On a Conditional Release under RCW 71.05.340
3.5.15.6.6.3. On a Conditional Release under RCW 10.77.150 3.5.16.

| Care Coordination Questions | |
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| **Score** | 3.5.16.1. Bidder provided a written description, that can include written policies and procedure, which addresses the Bidders approach to all of the requirements in the care coordination requirements in section 3.5.15 including all of the following:<br>• EPSDT<br>• High Risk Consumers<br>• Frequent Users of Crisis, Emergency Room and Hospital or Evaluation and Treatment Services<br>• Primary Care and Emergency Room<br>• Special Populations<br>• Inpatient and Community Care |
| | |
| **Score** | 3.5.16.2. Bidder described how it will measure and report outcomes for the requirements in section 3.5.15. |
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3.5.17. **Quality Assurance/Performance Improvement Program Requirements**

3.5.17.1. The RSN shall have qualified and sufficient staff to support the quality management/performance improvement (QA/PI) activities identified in this section.

3.5.17.2. The RSN shall have one written, integrated Quality Assurance/Performance Improvement Program (QA/PI) that addresses Title XIX and State-funded programs.

3.5.17.2.1. The QA/PI program shall have a system to collect data, conduct monitoring, verify services and review its ongoing quality management program to monitor the assessment of, and improvements to, the quality of public mental health services in their Service Area and to determine the effectiveness of the overall regional system of care.

3.5.17.2.2. For Title XIX services, the RSN shall establish and maintain a written program for a QA/PI consistent with federal 42 CFR 434.34 and 42 CFR 438.240 and with the utilization control program as described in 42 CFR 456.

3.5.17.2.3. For State-funded services, the RSN shall establish and maintain a written program for QA/PI. These documents shall comprise the QA/PI Plan.

3.5.17.3. The RSN shall meet, or exceed, MHD defined minimum performance levels on the standardized performance indicators listed below:

3.5.17.3.1. Time from the initiation of an intake evaluation to first non-crisis appointment shall not exceed 14 days.
3.5.17.3.2. State Hospital Bed Utilization shall not exceed the RSN allocation defined in Exhibit E.
3.5.17.3.3. Outpatient Services must be provided within 7 days following a hospital discharge.
3.5.17.3.4. Other performance indicators will be developed as part of the final contract. These may include Medicaid Penetration Rate and Consumer Outcome Surveys (Telesage). The Bidder is not expected to provide a response related to these additional indicators as part of the proposal.

3.5.17.4. The RSN must incorporate the analysis of performance indicator results into quality improvement activities.

3.5.17.5. The RSN must develop and implement four performance improvement projects two clinical and two non-clinical using data from multiple sources that focus on clinical and non-clinical areas. These projects must achieve, through ongoing

measurements and interventions, demonstrable and sustained improvement in significant aspects of care that can be expected to have a favorable effect on mental health outcomes and enrollee satisfaction.

3.5.17.6. The RSN must measure provider performance through medical record audits.

3.5.17.7. The RSN must provide performance feedback to providers, including detailed discussion of clinical standards and expectations of the RSN.

3.5.17.8. The RSN must participate in an External Quality Review authorized by DSHS.

3.5.17.9. The RSN shall maintain an active QA/PI committee that coordinates with the RSN Quality Review Teams described in WAC 388-865-0282, which shall be responsible for carrying out the planned activities of the QM/PI program. This committee shall have regular meetings, shall document participation by providers, and shall be accountable and report regularly to the governing board. The RSN shall maintain records documenting the committee's findings, recommendations, and actions. The committee shall address both Title XIX and State-funded services. At a minimum, the RSN's psychiatric medical director shall consult to the QA/PI committee and assist with setting QA/PI goals.

3.5.17.10. The RSN shall designate a senior executive who shall be responsible for program implementation. The RSN's must ensure that a qualified Mental Health Professional shall have substantial involvement in the QA/PI program functions.

3.5.17.11. The QA/PI program shall integrate the results of activities such as, but not limited to, consumer satisfaction surveys; performance improvement projects (PIP); external quality reviews (EQR); and grievance and appeals data.

| 3.5.18. Quality Assurance/Performance Improvement Program Questions | |
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| **Score** | 3.5.18.1. Bidder provided the number and qualifications of staff who will be administering the QA/PI program and rationale for this staffing and qualifications. Bidder described how this program fits within the Bidders organizational framework in accordance with the requirements in section 3.5.17. |
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| **Score** | 3.5.18.2. Bidder provided a copy of their QA/PI plan that included performance metrics monitored in the last 12 calendar months including the metric, targeted performance or goal, and actual performance against goal. |
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| **Score** | 3.5.18.3. Bidder described the composition of the QA/PI Committee and Identified who chairs the committee and committee members by type of position (consumer representative, provider representative, etc.). Bidder also described the roles of the psychiatric medical director and the Quality Review Team ( as required by WAC 388-865-0282) on the QA/PI Committee. Descriptions provided are consistent with the requirements of section 3.5.17. |
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| **Score** | 3.5.18.4. Bidder described frequency of QA/PI committee meetings sufficient to meet the requirements of section 3.5.17. |
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| **Score** | 3.5.18.5. Bidder provided copies of sample reports reviewed by the QA/PI Committee that demonstrated consistency with the requirements of section 3.5.17. |
| | |
| **Score** | 3.5.18.6. Bidder provided sample minutes from recent QA/PI committee meetings that reflect the typical activities or actions by the committee and demonstrated consistency with section 3.5.17. |
| | |
| **Score** | 3.5.18.7. Bidder provided two examples of how they implemented quality improvement initiatives resulting from QA/PI activities prior to March 1, 2006. |
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| **Score** | 3.5.18.8. Bidder described the process for integrating consumer satisfaction survey data into their QA/PI program. |
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| **Score** | 3.5.18.9. Bidder described how they will monitor clinical outcomes and utilize results to measure program effectiveness. |
| | |
| **Score** | 3.5.18.10. Bidder described how provider performance will be monitored and addressed the following items:<br>3.5.18.10.1. The Bidders protocol for conducting site visits of providers, including clinical record reviews.<br>3.5.18.10.2. The Bidders protocol for profiling provider performance on cost, access, and quality, including what is measured and how results are used to provide feedback to providers on their performance.<br>3.5.18.10.3. Included a copy of a sample provider profiling report, if available.<br>3.5.18.10.4. Other methods for training or monitoring provider performance, including compliance with Clinical Practice Guidelines. |
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| **Score** | 3.5.18.11. Bidder described how they will measure and meet the standardized performance indicators listed below:<br>3.5.18.11.1. Time from the initiation of an intake evaluation to first non-crisis appointment shall not exceed 14 days.<br>3.5.18.11.2. State Hospital Bed Utilization shall not exceed the RSN allocation.<br>3.5.18.11.3. Outpatient Services must be provided within 7 days following a hospital discharge. |
| | |
| **Score** | 3.5.18.12. Bidder described how the analysis of performance indicator results will be incorporated into quality improvement activities. |
| | |

**EXHIBIT F - Scoring Tool**

Regional Support Network RFP
Additional Financial Resources
Scoring Tool

Instructions to Evaluators:

- Each question in this section should receive a score of 1 – 10 points in accordance with the definitions below
- Scores should be whole numbers and not use any decimals

| Score | Discussion |
|---|---|
| 0 | The Bidder has omitted any discussion of additional financial resources or the information provided does not demonstrate contribution of additional financial resources. |
| 1-2 | The Bidder **has not** demonstrated that it has passed the **tax authorized by RCW 82.14.460** in any of the counties in the service area but **has** demonstrated that it will contribute **other additional financial resources**. |
| 3-4 | The Bidder **has** demonstrated that it has passed the **tax authorized by RCW 82.14.460** in **some** of the counties in the service area but **has not** demonstrated that it will contribute **other additional financial resources**. |
| 5-7 | The Bidder **has** demonstrated that it has passed the **tax authorized by RCW 82.14.460** in **some** of the counties in the service area and **has** demonstrated that it will contribute **other additional financial resources.** |
| 8 | The Bidder **has** demonstrated that it has passed the **tax authorized by RCW 82.14.460** in **all** of the counties in the service area but **has not** demonstrated that it will contribute **other additional financial resources.** |
| 9-10 | The Bidder **has** demonstrated that it has passed the **tax authorized by RCW 82.14.460** in **all** of the counties in the service area and **has** demonstrated that it will contribute **other additional financial resources.** |

Evaluator: _____

**EXHIBIT F - Scoring Tool**

3.8. Factor for Additional Financial Resources: (Optional for bonus points)

3.8.1. Factor for Additional Resources Requirements

The bidder may receive additional points for demonstrating they will contribute additional financial resources for the mental health services provided through this RFP beyond that provided by state appropriation or allocation. The additional financial resources must be under the direct financial control of the bidder and does not include financial resources under the financial control of a bidder's subcontractors.

3.8.1.1. Additional financial resources include the sales and use tax for chemical dependency or mental health treatment services or therapeutic courts authorized in RCW 82.14.460.

Additional financial resources may also include other monetary resources or revenues that the bidder has committed to the project such as county funds, federal grants (excluding the mental health federal block grant), or other contributions.

3.8.1.1.1. The bidder is required to provide sufficient narrative and budget detail to demonstrate to evaluators the real value of other additional financial resources which the bidder identifies in its response.

3.8.1.1.2. The bidder shall only receive consideration of the sales and use tax authorized by RCW 82.14.460 if they can document that the county has formally authorized the tax by the date of submission of the proposal.

3.8.1.1.2.1. The bidder shall receive credit if the tax has been authorized but the effective date is not until after submission of the proposal.

3.8.1.1.2.2. The bidder shall receive no credit for the tax if the tax has not been authorized but there are plans to vote on the tax after submission of the proposal

| **3.8.2. Scoring Factor Questions** | |
|---|---|
| **Score** | 3.8.2. :<br><br>➢ Bidder identified and provided evidence to sufficiently demonstrate Counties in the service area which have authorized the sales and use tax allowed by RCW 82.14.460.<br>➢ Bidder provided sufficient narrative and budget detail to fully describe the estimated value of additional other types of additional financial resources that are committed by the bidder to provide the services described in this RFP. Bidder demonstrated that these resources are and under the direct financial control of he bidder and described how these resources will be used to supplement the resources received through the state appropriation.<br><br>Complete the following grid and then score according to the instructions above |

| | Yes or No |
|---|---|
| Bidder sufficiently demonstrated the sales tax allowed for by RCW 82.14.460 has been authorized in **some** counties of the service area | |
| Bidder sufficiently demonstrated the sales tax allowed for by RCW 82.14.460 has been authorized in **all** counties of the service area | |
| Bidder sufficiently demonstrated they will commit other types of additional financial resources to provide the services described in this RFP. | |